

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

576 SEP 23 PM 2:20

RECEIVED STATE
CORPORATION DIVISION

DOCUMENT # P96000099909

1. Corporation Name

KEEP FIT REDUCE FAT CAPSULES NATURAL PRODUCTS &
ADVERTISEMENT, CORP.

Principal Place of Business

4627 SW 2ND TERRACE
MIAMI FL 33134

Mailing Address

4627 SW 2ND TERRACE
MIAMI FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0713921

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ARRONTE, JOSE A	4627 SW 2ND TERRACE	MIAMI FL 33134
VD	ARRONTE, JULIAN U	4627 SW 2ND TERRACE	MIAMI FL 33134
			200002652532--7 -09/30/98--01063--019 ***400.00--***400.00
			200002652532--7 -09/30/98--01063--020 ***500.00--***500.00
			97-98
			SCC 9-23-98

8. Name and Address of Current Registered Agent

ARRONTE, JOSE A
4627 SW 2ND TERRACE
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name JULIAN ARRONTE
Street Address (P.O. Box Number) 4627 SW 2 TERR
Suite, Apt. #, Etc.
City MIAMI
State FL Zip Code 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-10-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JULIAN ARRONTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-98