

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

pg. 182



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 NOV 10 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100936

1. Corporation Name

NewLife Health Products, Inc.

Principal Place of Business

5616 Trimble PK Rd
Mt. Dora, FL 32757

Mailing Address

5616 Trimble PK Rd
Mt. Dora, FL 32757

97AR

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

12/9/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3414511

Applied For

Not Applicable

City & State

City & State

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
P	MARTIN, HAEKYOUNG H	5616 Trimble PK Rd	Mt. Dora, FL 32757
D	HAN, WAN CHONG	5616 Trimble PK Rd	Mt. Dora, FL 32757

300002344973--B
-11/12/97--01088--026
****165.00 ****165.00

A. alaw
11/10/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, HAEKYOUNG H.
5616 Trimble PK Rd
Mt. Dora, FL 32757

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Haekyoung H. Martin

REGISTERED AGENT MUST SIGN

Date 11/4/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

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:

Haekyoung H. Martin (HAEKYOUNG H. MARTIN)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97
Date

(407) 830-9821
Daytime Phone #

CP2E040 (12/96)

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NOV, 4 ' 97

attn: Amy Aalan
State of Florida
Dept of State

I have registered incorporation on 12/9/96.
Since then I have not received any paper
regarding corporation report, nor notified by
my attorney. Please find enclosed check
\$165⁰⁰ and application. Your immediate
attention would be appreciated.

Thanks.

Dany H. NS

Newlife Health Products, Inc.