

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 20 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR  
99-02

DOCUMENT # P97000073003

1. Corporation Name

Healthy By Nature Corp.

2. Principal Office Address

17971 Biscayne Blvd

3. Mailing Office Address

780 NW LeJeune Rd

Suite, Apt. #, etc.

# 102

Suite, Apt. #, etc.

# 516

City & State

Aventura FL

City & State

Miami, FL

Zip

33160

Country

DADE

Zip

33126

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0792957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Aurelio A. Piedra CPA

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

780 NW LeJeune Rd # 516

800005695538-0

Suite, Apt. #, Etc.

# 516

06/06/02 01097 003

\*\*\*\*608.75 \*\*\*\*608.75

City

miami

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

X

REGISTERED AGENT MUST SIGN

Aurelio A. Piedra

Date

2/22/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President UP	Gisela Hernandez	17971 Biscayne Blvd # 102	Aventura FL 33126
Treas Sec.			

10. 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:

Gisela Hernandez 2/22/02 (305) 443-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)