

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 PM 3:43

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000076759

1. Corporation Name

VITAMIN HUT INTERNATIONAL, INC

2. Principal Office Address

5371 HIATUS ROAD

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

Zip

33351

Country

USA

3. Mailing Office Address

5371 HIATUS ROAD

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

600042014676
10/20/04--01033--002 **150.00

REINSTATEMENT

04

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/04/1997

5. FEI Number

650820255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD G COKER JR

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

1404 South Andrews Avenue

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33316-1840

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

[Signature]

Date

10-18-2004

REGISTERED AGENT MUST SIGN

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
DP	GARY R DUBIN	5371 HIATUS ROAD	SUNRISE FL 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-05-04

Date

954.747.8977

Daytime Phone #

CR2E081 (01/04)



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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Document # P97000076759

October 5, 2004

Gentlemen:

Please accept this letter requesting a waiver of the re-instatement fees. We did not receive our annual report for the year 2004. Upon trying on several occasions we were unable to file on line, or get the appropriate forms until yesterday-Oct. 4, 2004. At that time we notice that our corporation was dissolved for the annual report on Oct. 1, 2004.

Please find enclosed a check for \$150.00 to cover the annual report fees.

If we may be of further assistance please feel free to contact at (954) 747-8183.
Thank you for your consideration.

Yours truly,

A handwritten signature in black ink, appearing to read "Gary R. Dubin". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Gary R. Dubin
President

5371 Hiatus Road • Sunrise, Florida 33351
(954) 747-8077 • FAX (954) 747-8660 • Website: www.globalvitamin.com