

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 27 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086480

**1. Corporation Name**

SILVER LAKES NUTRITION CENTER, INC.

REINSTATEMENT 02-07

**2. Principal Office Address - No P.O. Box #**

6582 N. STATE ROAD 7

**3. Mailing Office Address**

6582 N. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

CR2E081 (1/07)

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

10/06/1997

**5. EFL Number**

650785931

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  
SOUTH FLORIDA TAX, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
5001 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.  
SUITE B

City  
DAVIE

State

FL

Zip Code

33328

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Date 12/24/2007

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| D      | BERNARDO YIBIRIN                     | 6582 N. STATE ROAD 7                              | COCONUT CREEK, FL 33073 |
| D      | ROSARIO YIBIRIN                      | 6582 N. STATE ROAD 7                              | COCONUT CREEK, FL 33073 |
| D      | SERGIO YIBIRIN                       | 6582 N. STATE ROAD 7                              | COCONUT CREEK, FL 33073 |
| D      | GINETH YIBIRIN                       | 6582 N. STATE ROAD 7                              | COCONUT CREEK, FL 33073 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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**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 contained in Chapter 119, 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:

BERNARDO YIBIRIN

12/24/2007

754-422-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

78 12/28