

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Catherine A. Hanft
Secretary of State
DIVISION OF CORPORATIONS

P8192

FILED

00 NOV -6 PM 12: 39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P97000094367

1. Corporation Name

LOW CARB WORLD, INC.

Principal Place of Business

P.O. BOX 14-1156
CORAL GABLES FL 33114
US

Mailing Address

359 POINCIANA ISLAND DRIVE #1112
N MIAMI BEACH FL 33160



SP

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

2. New Principal Office Address, If Applicable

1905 NE 154 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16420 NE 35 AVE

Suite, Apt. #, etc.

City & State

N Miami FL

City & State

N. Miami, Bal FL

Zip

33162

Country

Zip

33160

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1997

5. FEI Number

65-0791178

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	KEYNAN, HADAS	16420 NE 35 AVE 359 POINCIANA ISLAND DRIVE #1112	N MIAMI BEACH FL 33160
VT	COHEN, RAN	16420 NE 35 AVE 359 POINCIANA ISLAND DRIVE #1112	N MIAMI BEACH FL 33160

800003478628-7
-11/28/00--01079--022
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

FORMAN, TERRY
1501 SW LEJEUNE RD
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/2/00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/00

Daytime Phone #

CR2E040 (8/00)

Accounting Office
KIM MARKS, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT
11900 Biscayne Boulevard - Suite 290
North Miami, Florida 33181-2726

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Toll Free USA: 888-895-5815
Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815
Fax: (305) 895-6273

November 2, 2000

Florida Division of Corporation
Annual Report
PO Box 6327
Tallahassee FL 32314-6327

re: P97000094367
Low Carb World, Inc.

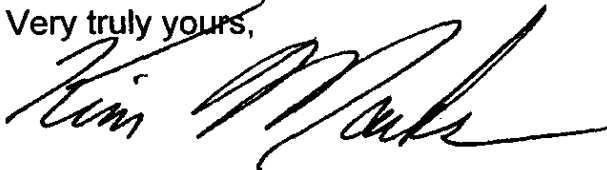
Enclosed please find an application for reinstatement along with a check for \$150.00 on the above referenced corporation.

The corporation changed their mailing address and never received the initial notice or their 2nd notice of the Annual Business Report for 2000. They wouldn't have gotten the dissolution notice unless their former landlord met with the mailman who asked them about the form. It was dropped off to them by former landlord.

We are asking for the corporation to be reinstated without penalty. This is a small business and the penalty would be very hard for them to pay.

Thanking you in advance for your kind and prompt attention in this matter, I remain.

Very truly yours,



Kim Marks, CPA