

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000009728**

1. Corporation Name

HEALTH DEPOT INC 99AR

Principal Place of Business

Mailing Address

**P.O. Box 399124,
MIAMI, FL 33239**

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

2. New Principal Office Address, If Applicable

777 NE 79TH ST

Suite, Apt. #, etc.

100-101

City & State

MIAMI, FLORIDA

Zip **33138**

Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 28, 1998

5. FEI Number

65-089-0936

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	P/O VALENTINE A. DURUIBE	777 NE 79TH ST,	MIAMI, FL 33138
			500003047045--9
			-11/17/99--01050--002
			****159.00 ****159.00
			TS

8. Name and Address of Current Registered Agent

DR VALENTINE A. DURUIBE

9. Name and Address of New Registered Agent

Name

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

777 NE 79TH ST,

Suite, Apt. #, Etc.

100

City

MIAMI

State

FL

Zip Code

33138

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

VALENTINE A. DURUIBE
REGISTERED AGENT MUST SIGN

Date **11/1/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

VALENTINE A. DURUIBE MD, PhD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99
Date

305-756-4490
Daytime Phone #

CR2E001 (12/98)



HEALTH DEPOT

P. O. Box 399124,
Miami, FL 33239
Phone: 305-756-4490
Fax: 305-756-4493
Web: www.healthdepot-hdi.com

To: Florida Department of State 11-1-1999
Division of corporations

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Ref.: Reinstatement fee waiver.

Please note that a check for the 1999 annual report fee of \$150.00 was sent on time to the Department of State. However, the check was not processed and was returned with an annual report form. Apparently, your office did not receive the follow-up check and completed annual report which were mailed in May, 1999, and no further correspondence was received to this effect until a recent business verification attempt revealed the dissolution of the above business for non-payment of annual report fee. Given the above circumstance, the grant of a waiver of the additional fee is hereby requested and a the acceptance of the enclosed money order for \$150.00 as full payment will be appreciated. Thanks for your cooperation.

Sincerely

Dr. Valentine A. Duruibe
Representative for Health Depot Inc. (HDI)