

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000022647

1. Corporation Name

Vital Flor, Inc.

2. Principal Office Address

16135 NW 243rd Way

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

High Springs, FL

City & State

Zip

32643

Country

USA

Zip

Country

REINSTATEMENT
CH2E081 (8/05)

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

3-11-98

5. FEI Number

59-3508103

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

DAN ROSZEL

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

5400 NW 39th Ave

Suite, Apt. #, Etc.

#7

City

GAINESVILLE

State

FL

Zip Code

32606

500060501035

10/11/05--01066--019 **1050 00

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

Daniel C Roszel
REGISTERED AGENT MUST SIGN

Date

9/29/05

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
Chairman	Andrew E. Lorincz, M.D.	16135 NW 243 rd Way	High Springs, FL 32643
PRES	Joseph Laurino, Ph.D.	429 Monte Cristo Blvd	Terra Verde, FL 33715
TREAS	Robert Sutton, M.D.	1561 Langhorn Terr	Heathrow, FL 32746
SEC	DANIEL ROSZEL	5400 NW 39 th Ave #7	Gainesville, FL 32606
VP	Diane Lorincz	16135 NW 243 rd Way	High Springs, FL 32643
	CRAIG Hall, Esq.	4418 SW 105 th DR	GAINESVILLE, FL 32608

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:

Daniel C Roszel

DANIEL C. ROSZEL

9/29/05

352-283-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/1/00

Additional Directors

Sue H. Roszel	260 Turkey Creek	Alachua, FL 32615
Pamela Roszel	494 Turkey Creek	Alachua, FL 32615
Albert Lorincz	797 Colleen Dr	San Jose, CA 95123
Allan Lorincz	9905 S Kilbourne Ave	Oak Lawn, IL 60453
Drew Amery	1834 Sunrise Blvd	Clearwater, FL 33760

