

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 OCT 29 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000025091**

1. Corporation Name

**MOMENI INTERNATIONAL GROUP, INC.**

Principal Place of Business

Mailing Address

2149 REGENTS BLVD  
WEST PALM BCH FL 33409

2149 REGENTS BLVD  
WEST PALM BCH FL 33409

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1998

5. FEI Number

65-0825670

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	MOMENI, EDDIE	2149 REGENT & BLVD	WEST PALM BCH FL 33409

580004685825--6  
-11/16/01--01045--009  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOMENI, EDDIE  
2149 REGENTS BLVD.  
WEST PALM BEACH FL 33409

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]*  
REGISTERED AGENT MUST SIGN

Date 10-17-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-01

2 of 2

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## ***Momeni International Group, Inc.***

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Your Connection To The World Market

Post Office Box 51  
West Palm Beach, FL 33402  
Tel: 561-471-9990  
Fax: 561-686-8726

Wednesday, October 17, 2001

Document # P98000025091

To Whom It May Concern:

We just received our forms from division of corporation and as we explained it over the phone this is the first notice we have on our both companies. Please accept our application and if you have any question please contact me at 561-471-9990 .

Respectfully yours

Eddie Momeni

President

Coming soon

Swissdiets.com swissvitamins.com swisshgh.com