

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 12 PM 1:37

DOCUMENT # P98000024530

1. Corporation Name

Health & Nutrition Center, Inc

Principal Place of Business

Mailing Address

19744 NW 59ave  
Miami FL 33015

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

2. New Principal Office Address, If Applicable

820 NW 4ave

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

Zip 33311 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0821631

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
P	Linda Lee	820 NW 4ave	FT. Laud. FL 33311
T	Lisa Moore	1221 NW 29th	FT. Laud. FL 33311
			200003099212--5
			-01/14/00--01076--013
			****900.00 ****900.00
			01/12/00

8. Name and Address of Current Registered Agent

AMERI Lawyer  
343 Almeria Ave  
Coral Gables FL 33134

9. Name and Address of New Registered Agent

Name Linda Lee  
Street Address (P.O. Box Number is Not Acceptable)  
820 NW 4ave  
Suite, Apt. #, Etc.  
City FT. Lauderdale State FL Zip Code 33311

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

Linda Lee

REGISTERED AGENT MUST SIGN

Date

1/11/00

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:

Linda Lee

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00

Daytime Phone #

954.148-1654

CR2E081 (12/98)