

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 31 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022678

1. Corporation Name

Health and Beyond, Inc.

000024333650
10/31/03--01058--002 **150.00

REINSTATEMENT 03

2. Principal Office Address

6595 NW 36th Street

Suite, Apt. #, etc.

214

City & State

Miami, Florida

Zip

33166

Country

Dade

3. Mailing Office Address

19115 SW 25th Court

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33029

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/11/1999

5. FEI Number

650905795

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

Ernesto Gutierrez

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

7345 SW 21th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date 10/22/2003

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
D	Francisco Castro	19115 SW 25th Court	Miramar, Florida 33029

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:

Francisco Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/03 305-431-4407

Date

Daytime Phone #

Health & Beyond, Inc.

Miami, October 22~~nd~~, 2003.

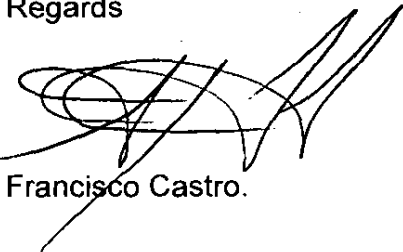
Department of State
Division of Corporation
Tallahassee, Florida

Ref. P99000022678

Dear Sir:

As per our telephone conversation, enclosed you will find check N° 1796 for the amount of \$ 150.00. Sorry but as you confirmed, I did not receive the annual report-2003.

Regards



Francisco Castro.