

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **D99000068845**

1. Corporation Name

Leading Edge Nutraceuticals Inc

REINSTATEMENT 03-04

2. Principal Office Address

4400 N Federal Hwy

Suite, Apt. #, etc.

Suite 48

City & State

Boca Raton FL

Zip

33432

Country

USA

3. Mailing Office Address

4400 N Federal Hwy

Suite, Apt. #, etc.

Suite 48

City & State

Boca Raton FL

Zip

33432

Country

USA

800028012748

02/02/04--01058--003 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0942046

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

MARC SPIWACK

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

72 SE 6th Ave

Suite, Apt. #, Etc.

Suite H

City

Delray Beach

State

FL

Zip Code

33483

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

Date

REGISTERED AGENT MUST SIGN

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	Marc Spivack	72 SE 6 th Ave #H	Delray Bch, FL 33483

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Leading Edge Nutraceutical Inc
4400 N Federal Highway
Suite 48
Boca Raton, FL 33483

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

To Whom It May Concern:

We would greatly appreciate your reinstating Leading Edge Nutraceuticals Inc at the cost of 300.00 as we never received the reenrollment package last year.

Thank you for your help in this matter,

Sincerely,

Leading Edge Nutraceuticals, Inc.


Marc Spivack
President