

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 17 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # *099000105169*

1. Corporation Name

GODLEETIKAS INTERNATIONAL, INC.

2. Principal Office Address

8055 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

DADE

3. Mailing Office Address

8055 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

DADE

CR2E081 (8/05)

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

12/06/1999

5. FEI Number

65-0981260

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

ROGELIO LEE

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

8055 Coral Way

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 **10/13/2005**

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
PD	ROGELIO LEE	8055 Coral Way	Miami, FL 33155
			900060921929 10/25/05--01038--025 **450.00

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

10/13/05 (305) 261-3834

Daytime Phone #



7171 CORAL WAY
SUITE 218
MIAMI, FLORIDA 33155

GODLEETIKAS
ROGELIO LEE, CLINICAL NUTRITIONIST

PHONES (305) 261-3864
(305) 261-9534
(305) 267-5851

October 13, 2005

Florida Department of State
Division of Corporations

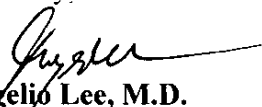
Ref: Godleetikas International, Inc.

To Whom It May Concern:

This letter is in regards to the reinstallment and reactivation of Godleetikas International, Inc. with FEI: 65-0981260. Enclosed you will find check number 2313 for the amount of \$450.00. It was brought up to my attention that my corporation had been inactive. After checking and researching I noticed that the annual reports had not been paid since 2003. I was unaware of this situation. I never received any notification of payment due. I would like to reactivate and continue with my corporation. I also ask that all penalties and interest be waived due to the fact that I never received any notification if so I would have taken action immediately. I ask for your understanding in this serious matter that I wish to repair.

Should you have any further questions, please feel free to contact me at my office at (305) 261-3834 or by mail at 8055 Coral Way, Miami, Florida 33155.

Cordially,


Rogelio Lee, M.D.
Clinical Nutritionist
Godleetikas International, Inc.