

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P990000111692

1. Corporation Name

Protech Nutrituonal Systems, Inc.

2. Principal Office Address

2135 N.W. 75th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

U.S.A.

3. Mailing Office Address

9990 S.W. 77th Avenue

Suite, Apt. #, etc.

Sute 330

City & State

Miami, Florida

Zip

33156

Country

U.S.A.

REINSTATEMENT

02-03

900021834339

07/28/03--01030--012 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1999

5. FEI Number

65-0988362

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

John A. Margolis

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

9990 S.W. 77th Avenue

Suite, Apt. #, Etc.

Suite 330

City

Miami

State

FL

Zip Code

33156

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

7/24/03

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
P/D	Jose' Luis Mariano	Suite 330, 9990 S.W. 77 Ave.	Miami, Florida 33156

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

7/24/03

Date

(305) 595-1911

Daytime Phone #

CR2081 (10/02)

7/25