TOTAL P.02

FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 83385

1. Corporation Name

NUTRIMED HEALTH CARE,INC.

Principal Place of Business	Mailing Address
3375 SW 29 TERR. MIAMI,FL 33133	3375 SW 29 TERR. MIAMI, FL 33133

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

REINSTATEMENT 9/10

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
3375 SW 29 TERR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33133 Country: DADE	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650292383 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required (See Enclosed List)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JUAN ESTOPINALES	3375 SW 29 TERR.	MIAMI, FL 333133

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****900.00 ****900.00

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8. Name and Address of Current Registered Agent

JUANA ISABEL BAYUELO
3821 SW 88th PLACE
MIAMI, FL

9. Name and Address of New Registered Agent

Name: JUAN ESTOPINALES
Street Address (P.O. Box Number is Not Acceptable): 3375 SW 29 TERR.
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33133

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ Date _____ Daytime Phone #