

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V34886

1. Corporation Name

VITAMIN DISCOUNTERS OF AMERICA  
INC.

2. Principal Office Address

7040 W. Palmetto Pk Rd

Suite, Apt. #, etc.

#6

City & State

BOCA RATON FL

Zip

33433

Country

PALESTINE

3. Mailing Office Address

7040 W. Palmetto Pk Rd

Suite, Apt. #, etc.

#6

City & State

BOCA RATON FL

Zip

33433

Country

PALESTINE

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5/8/92

5. FEI Number

65-0327310

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

STEVEN MORRIS

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

6286 DUSENBURG RD

Suite, Apt. #, Etc.

City

DEIRAY BEACH

State  
FL

Zip Code

33445

400024854294

11/19/03--01033--013 \*\*759.75

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

Steven Morris

Date

11/18/03

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
<u>PRES</u>	<u>JAY MORRIS</u>	<u>3180 N.W. 63RD ST</u>	<u>BOCA RATON, FL 33496</u>
<u>V.P.</u>	<u>JODI MORRIS</u>	<u>3180 N.W. 63RD ST</u>	<u>BOCA RATON, FL 33496</u>

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:

Jay Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-03

Daytime Phone #

561-391-3240

CR2E081 (10/02)