

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000115093

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** TOTAL NUTRITION OUTPOST, INC.

**Current Principal Place of Business:**

15946 WEST STATE ROAD 84  
SUNRISE, FL 33326

**New Principal Place of Business:**

15948 WEST STATE ROAD 84  
SUNRISE, FL 33326

**Current Mailing Address:**

15946 WEST STATE ROAD 84  
SUNRISE, FL 33326

**New Mailing Address:**

15948 WEST STATE ROAD 84  
SUNRISE, FL 33326

**FEI Number:** 20-1458491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PFLUM, MELISSA  
16621 WATERS EDGE DRIVE  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MELISSA PFLUM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PFLUM, WAYNE  
**Address:** 16621 WATERS EDGE DRIVE  
**City-St-Zip:** WESTON, FL 33326

**Title:** VP  
**Name:** PFLUM, MELISSA  
**Address:** 16621 WATERS EDGE DRIVE  
**City-St-Zip:** WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MELISSA PFLUM

VP

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date