PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR APPLICATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

593324

1. Corporation Name

NUTRITIONAL COUNSELORS OF AMERICA, INC.

Annual

FILED

96 OCT 1 AM 8: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

9-16-96
Daytime Phone #

Principal Place of Business Mailing Address					a exercise dense rather titte titte dette dense dense delse delse delse delse delse delse delse delse			
If above addresses are incorrect in any way, line through incorrect in			RRACE.(TAMPA). FL 33687		4. Date Incorporated or Qualified To Do Business in Florida 11/10/1978			
								Suite, Apt. #, etc. Suite, Apt.
City & State	0	City & State	City & State		59-1855788 Not Applicable		Not Applicable	
7ip	Country	Ζιρ	Country	······································	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer a	nd/or Director (Fig	orida nonprofit corpora	tions must list at le	ast 3 directors)			
Name of Officers Title(s) and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb		h	City / State / Zip		
P	WILES, JUNE M.		523 CAROLYNE STREET			TEMPLE TERRACE FL		
					7(0000197 -10/16/96- ****200.0	67279 -01047015 0 ****200.00	
······································							JB10-15-90	
	B. Name and Address of Curre	gent	9. Name and Address of New Registered Agent Name			ed Agent		
WILES, JUNE M. 523 CAROLYNE ST. TEMPLE TERRACE,(TAMPA), FL 33617 10. I, being appointed the registered agent of the above named corporation, am fam				Sulte, Apt. #, Et	e W	F	late Zip Code	
Signature (#):gisterec	ol Agent Line	REGISTERED A	GENT MUST SIGN			DateQ	16-96	
11. Do Do	oes this colporation pa ept. of Revenue under	y any intan S. 199.032	igible tax to th I, Florida Stat	ie utes. Yes	□ No □		r side for information ntangible tax.)	
12. I certify this rei	y that I am an officer or director or the r nstatement application, the reason for a by the corporation have been paid and application is true and accurate, and n	eceiver or trustee of dissolution has been the names of Indiv	empowered to execute en eliminated, the corportionals listed on this for	this application as orate name satisfier or do not qualify for	es the requirement or an exemption ur	s of section 607.0401 of 61	7,0401, F.S., that all tees	

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Member: S.O.H.O. N.N.F.A. A.C.T.A. A.A.N.C. North Tempa Chamber of Commerce

NUTRITIONAL COUNSELORS OF AMERICA, INC.



1725 E. Fowler Ave. Tampa, FL 33612 Ph. 1-813-977-1000 FAX 1-813-978-3877

Florida Dept. of State Div. of Corps. P.O. Box 6327 Tallahassee, FL 32314-6327

Attn: Mr. Sean Toner

Dear Mr. Toner,

Thank you for speaking with me today. As I explained, I had no intention of dissolving my corporation. By way of explanation, my corporate notice was either destroyed or removed from the premises by my accountant who was released from my employment for embezzling funds from my company.

I was not aware that this account was not paid until I received your Notice of Cancellation.

I am so relieved to know that I do not have to go through a corporate beginning again. Do you know what kind of "mess" that would be?

The \$200.00 needed to get back on track is enclosed.

SS ilea

Thank you for your assistance.

Very sincerely yours

June M. Wiles, Pres.

NCA, Inc.

encl:lt