

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

09 NOV 17 PM 4:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **H42829**

1. Corporation Name  
**NUTRITION OUTREACH, INC.**

Principal Place of Business  
**3958 OAK HAMMOCK LANE  
 FT. PIERCE FL 34981  
 US**

Mailing Address  
**P.O. BOX 12279  
 FT. PIERCE FL 34979**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>02/15/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2575441</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

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	4. City / State / Zip
P	ALLEN, NOLAN D	3958 OAK HAMMOCK LANE	FT. PIERCE FL 34981
<b>REINSTATEMENT</b>			
<b>900003052289-1</b> -11/23/99--01005--022 *****750.00 *****750.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALLEN, NOLAN D 3958 OAK HAMMOCK LANE FT. PIERCE FL 34981		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State / Zip Code

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: Nolan D Allen REGISTERED AGENT MUST SIGN Date: [Signature]

11. 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: Nolan D Allen  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11-14-99 Daytime Phone #: 561-466-7707