

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 11 AM 11:01

12/19

DOCUMENT # L02000001220

1. Limited Liability Company's Name

Advantage Nutraceuticals, LLC

2. Principal Office Address

906 Skipper Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 856

Suite, Apt. #, etc.

City & State

Fort Walton Beach FL

City & State

Shalimar FL

Zip

32547

Country

Okaloosa

Zip

32579

Country

Okaloosa

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

1/16/02

6. FEI Number

01-0574576

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

H. Bart Fleet

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

1104 Eglin Parkway

Suite, Apt. #, Etc.

City

Shalimar

State

FL

Zip Code

32579

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/9/03

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Thomas E. Nelson	4602 Scarlet Drive E	Crestview FL 32539

000024185800  
10/28/03--01008--019 \*\*155.00

REINSTATEMENT 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

*[Signature]*

Date

10/14/03

Daytime Phone #

850-863-0040

Typed or printed name of signing Managing Member/Manager Thomas E. Nelson

CR2E041 (10/02)