

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 JUL 25 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L030000011944

1. Limited Liability Company's Name

STRENGTH SYSTEMS USA, LLC

2. Principal Office Address - No P.O. Box #

10540 72nd Street

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33777

Country

USA

3. Mailing Office Address

10540 72nd Street

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33777

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

04/02/2003

6. FEI Number

421583474

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

John J. Agliano, Esquire

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

201 N. Franklin Street

Suite, Apt. #, Etc.

Suite 3200

City

Tampa

State

FL

Zip Code

33602

600261934036

07/25/14--01021--004 \*\*138.75

600261934036

07/02/14--01034--007 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7-1-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	David J. McCabe	10540 72nd Street	Largo, FL 33777
AR	John J. Agliano	201 N. Franklin St., Sk 3200	Tampa, FL 33602

REINSTATEMENT

13-14

JUL 29 2014

L. SELLERS

11. E-mail Address: tmelfy@nutrientscience.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 7-1-14

Daytime Phone # (813) 367-5738

Typed or printed name of signing Authorized Representative/Manager

John J. Agliano (AR)