

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 25 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

~~1030~~ D8A Nutrition's H.S. #1

1. Corporation Name

PO1000002138

2. Principal Office Address

3. Mailing Office Address

1817 Sherwood Dr.

1817 Sherwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tall FL

City & State

Tall FL

Zip

32304

Country

USA

Zip

32304

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

593503331

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adam Ogden

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

1817 Sherwood Dr.

Suite, Apt. #, Etc.

City

Tall

State

FL

Zip Code

32304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

Nov. 25, 03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Adam Ogden	1817 Sherwood Dr.	Tall, FL 32304

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

Nov. 25, 03 574-2300

CR2E081 (10/02)

"Taking Nutrition to the Next Level"

D&A Nutrition, Inc.

2017 West Pensacola Street

Tallahassee, FL 32304

p:850.574.2225

tf:877.591.2735

f:850.574.9580

November 25, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

The following corporations were dissolved as a result of the companies changing accounting firms and the President not receiving notification. As a result, the companies are requesting to use the Presidents home mailing address of 1817 Sherwood Drive Tallahassee, Florida 32304. Thank you for your understanding.



D&A Nutrition's HEALTSHTOP #1, Inc. P01000002138

D&A Nutrition's HEALTSHTOP #2, Inc. P00000098369

D&A Nutrition, Inc. P97000055914

Regards,


Adam Ogden
President & CEO