

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000026733

FILED
Sep 29, 2009
Secretary of State

Entity Name: NUTRITION SOLUTIONS OF FLORIDA INC.

Current Principal Place of Business:

420 KLOSTERMAN RD.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

420 KLOSTERMAN RD.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3703898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAPANO, CINDY
420 KLOSTERMAN RD.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CINDY TRAPANO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAPANO, CINDY
Address: 420 KLOSTERMAN RD.
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: RICHMOND, LISA
Address: 12824 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: YON CUTLER, DEANNE
Address: 5021 DEER LODGE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: YON CUTLER, DEANNE
Address: 17030 ATASCOCITA BEND DR
City-St-Zip: HUMBLE, TX 77396

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY TRAPANO

Electronic Signature of Signing Officer or Director

PD

09/29/2009

Date