

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 18 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PO1000057302*

1. Corporation Name

*Nutrition Outreach, Int. Inc.*

2. Principal Office Address

*PO Box 12279*

Suite, Apt. #, etc.

City & State

*Fort Pierce, Fla*

Zip

*34979*

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

*Same*

Zip

Country

REINSTATEMENT

*02-06*

4. Date Incorporated or Qualified  
To Do Business in Florida

*6/11/2001*

5. FEI Number

☒ 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

*Roslyn Dean Allen*

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

*3423 Oleander Ave*

Suite, Apt. #, Etc.

*3-A.*

City

*Fort Pierce*

State  
**FL**

Zip Code

*34982*

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

*Roslyn Dean Allen*

REGISTERED AGENT MUST SIGN

Date

*4-18-06*

**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
<i>Pres.</i>	<i>Roslyn Dean Allen</i>	<i>3423 Oleander Ave</i>	<i>Fort Pierce, FL 34982</i>

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04/28/06--01028--006 \*\*758.75

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 contained in Chapter 119, 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:

*Roslyn Dean Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-18-06*  
Date

Daytime Phone #

K. Eckel APR 18 2006

4-18-06

2/2

THIS IS TO CORRY I DID NOT  
RECEIVE ANY CORP NOTICES SINCE  
2001 FOR OUR CORP STATUS FOR 2002 2003 2004  
2005 OR 2006.

Nolan W. Allen President  
4-18-06