

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000092804

1. Corporation Name

Advanced Nutrition Consulting, Inc.

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

1414 NE 5th Terrace

3. Mailing Office Address

1414 NE 5th Terrace

Suite, Apt. #, etc.

Apt. #2

Suite, Apt. #, etc.

Apt. #2

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

7. Name and Address of Current Registered Agent

Name

Rigoberto Ng

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

1414 NE 5th Terrace

Suite, Apt. #, Etc.

Apt. #2

City

Fort Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date

07/10/09

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
P	Rigoberto Ng	1414 NE 5th Terrace, Apt. #2	Fort Lauderdale, FL 33304

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 1122

FILED

09 JUL 13 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400158440264

07/14/09--01009--005 **758.75

CR2E081 (12/08)

REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/04

5. FEI Number
20-1260844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.