

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 19 PM 12: 33

DOCUMENT # **P96000000024**

1. Corporation Name
NUTRITION WISE, INC.

Principal Place of Business 150 N U.S. HIGHWAY 1 TEQUESTA FL 33469	Mailing Address 150 N U.S. HIGHWAY 1 TEQUESTA FL 33469
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REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/22/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0630274	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$975.00 (1995) (1996) (1997) (1998) (1999)</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COHEN, CHERYL A	4153 RUSSELL ST	TEQUESTA FL 33469
			200003063622--7 -12/07/99--01097--014 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAMES, ELAINE J 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33402		Name Cheryl A. Cohen Street Address (P.O. Box Number is Not Acceptable) 4153 Russell St. Suite, Apt. #, Etc. City Tequesta State FL Zip Code 33469	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
 Signature of Registered Agent Cheryl A. Cohen **REQUIRED** Date 11-16-99
 REGISTERED AGENT MUST SIGN

11. 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: Cheryl A. Cohen Pres. **REQUIRED** Date 561-747-1818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (8/99)