

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033829**

1. Corporation Name

NUTRINZIX, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Principal Place of Business

Mailing Address

1101 11TH WAY

SAME

WEST PALM BEACH, FL 33407

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0671778

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	PAUL G. CONNORS	1101 11TH WAY	W. PALM BEACH, FL 33407

800003027168--0
-10/27/99--01073--022
****300.00 ****300.00

Signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAUL G. CONNORS
1101 11TH WAY
WEST PALM BEACH, FL 33407

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Paul G. Connors

REGISTERED AGENT MUST SIGN

Date **October 15, 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Paul G. Connors, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 15, 1999 **561-688-2662**
Date Daytime Phone #

CR2001 (12/98)



October 15, 1999

Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,


On October 6, 1999, a private credit agency informed us that our corporation; Nutrinzix, Inc., had been involuntarily dissolved by your office.

As President of the corporation, I immediately contacted the office of the Secretary Of State. I was told that 3 notices had been sent to a former address which was the original corporate address filed in 1996. However, in 1997 I had changed the address to our current location of: 1101 11TH Way, West Palm Beach, FL. I was also told by your office that this change, our current address, was indeed on file with your office. Unfortunately, we never received any correspondence from your office and having never been notified, we could not respond appropriately. Since the proper and current address is in fact on file, it appears a clerical error has been made.

Upon discovering the current address on file, the person with whom I spoke, recommended that I write a letter to you explaining this mistake and to request a waiver of the \$600.00 reinstatement fee. It was suggested that we forward a check in the amount of \$300.00 along with this letter to cover the appropriate annual fees for 1998/1999, bringing this corporation to its rightful status in good standing.

I sincerely appreciate your assistance in this matter and thank you in advance for your attention.

Sincerely,


Paul G. Connors
President

Naturopathic Products For Personal Care

NUTRINZIX, INC. • P.O. Box 221103 • WEST PALM BEACH, FLORIDA 33422-1103 • PHONE 561-688-2662 • FAX 561-689-7324