

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047053

1. Corporation Name

NUTRITION OUTLET, INC.

Principal Place of Business

THE PLAZA, STE 801
5355 TOWN CENTER ROAD
BOCA RATON FL 33486

Mailing Address

THE PLAZA, STE 801
5355 TOWN CENTER ROAD
BOCA RATON FL 33486

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

2. New Principal Office Address, If Applicable
394 N. Congress Ave.

Suite, Apt. #, etc.

City & State
Boynton Beach FL

Zip Country
33426 USA

3. New Mailing Office Address, If Applicable
394 N. Congress Ave.

Suite, Apt. #, etc.

City & State
Boynton Beach FL

Zip Country
33426 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1996

5. FEI Number
65-0673129

Applied For
Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 Dir. Pres	2 Scott E. Ross	3 6345 Ocean Dr.	4 Margate, FL 33063
Dir V&Pres	William J. Motsay	10145 N.W. 43rd St.	Coral Springs, FL 33065
Dir. Sec.	Anthony Arcuri	3001 S. Ocean Dr.	Hollywood, FL 33019

8. Name and Address of Current Registered Agent

ENGELHARD, SHELDON
THE PLAZA, STE 801
5355 TOWN CENTER ROAD
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *Sheldon Engelhard*
REGISTERED AGENT MUST SIGN

Date **11/4/97**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97

Date

561-733-6656

Daytime Phone #



REINSTATEMENT 99

APPROVED
AND
FILED
97 NOV -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CFR2040 (8/97)