

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**Over**  
 REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 18 AM 9:18

DOCUMENT # **P97000004843**

1. Corporation Name

**NUTRITION DISCOUNT CENTER, INC.**

Principal Place of Business

Mailing Address

7431 W ATLANTIC AVE. S#44  
 DELRAY BEACH FL 33446  
 US

~~10130 FRESH MEADOW LANE~~  
~~BOCA RATON FL 33498~~



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

01/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7431 W. ATLANTIC AVE #44

5. FEI Number

65-0720710

Applied For

City & State

City & State

DELRAY BCH, FL 33446

Not Applicable

Zip

Country

Zip

33446

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	VASQUEZ, JACQUELINE R	10130 FRESH MEADOW LANE	BOCA RATON FL 33498
VSD	VASQUEZ, DORIS Z	10130 FRESH MEADOW LANE	BOCA RATON FL 33498

800004658008--2  
 -10/29/01--01095--017  
 \*\*\*\*150.00 \*\*\*\*150.00

10/10/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

10/14/01

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:

*[Signature]* JACQUELINE VASQUEZ  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01 (561)657-2565  
 Date Daytime Phone #

CR2E040 (8/01)

**NUTRITION DISCOUNT CENTER**

7431 W. ATLANTIC AVE., #44  
DELRAY BEACH, FL 33446

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Phone 561-637-2565

October 16, 2001

DIVISION OF CORPORATIONS  
ANNUAL REPORT/ REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

To Whom It May Concern ,

Today, I received the Notice of Administrative Dissolution or Revocation packet and I was surprised to receive this because I never received any notice to begin with. I always receive the Uniform Business Report packet and the 1st Notice Without Penalty packet, but this time I didn't receive any one of those. You can look up my records and see that I always paid on time except for one time I was late. I also had a change in my mailing address and had all mail forwarded to the new mailing address, but I don't understand why I didn't get any one of these packets. Please accept my enclosed check for \$150.00 and I will make note on my calender all annual fees are due beginning of the year.

Sincerely,



Jacqueline Vasquez