

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000023479**

1. Corporation Name
Nutrition Consultant Services, Inc.

Principal Place of Business
West Palm Beach

Mailing Address
**714 Forest Hill Blvd.
 West Palm Beach
 FL 33405**

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

2. New Principal Office Address, If Applicable
8323 West Lake Dr.
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
8323 West Lake Dr.
 Suite, Apt. #, etc.

City & State
West Palm Beach

Zip **33406** Country **Palm Beach**

City & State
West Palm Beach

Zip **33406** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

3/10/97

5. FEI Number

105-0740676

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	2	3	4
President	Nora D. Clemens	8323 West Lake Dr.	West Palm Beach, FL 33406

600002799896--6
-03/09/99--01087--004
******300.00 ****300.00**

8. Name and Address of Current Registered Agent

**William T. Ingram, Jr.
 11130 S.E. Federal Hwy
 Hobe Sound, FL 33455**

9. Name and Address of New Registered Agent

Name
Nora D. Clemens
 Street Address (P.O. Box Number is Not Acceptable)
8323 West Lake Dr.
 Suite, Apt. #, Etc.

City
West Palm Beach

State **FL** Zip Code **33406**

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

Nora D. Clemens

REGISTERED AGENT MUST SIGN

Date

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:

Nora D. Clemens (Nora D. Clemens)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 (561) 751-1931
 Date Daytime Phone #

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2/20/99

Nora D. Clemens R.D., L.D.
Nutrition Consultant Services, Inc.
8010 South Lake Dr.
West Palm Beach, FL 33406

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

Dear Sir or Madam:

Last year about this time I received a notice from you for the registration fee due to maintain my corporation on file with the state. On April 5, 1998, I sent a check for \$150 and the completed form to your office. The check was never cashed according to my records. The CPA I was using at the time did not advise me of the consequences of the check not being cashed. I have a new CPA that is helping me to get by business in order and she noted this was the only check not cashed in 1998. At her suggestion, I called the Department of State and learned ~~that~~ my corporation had been inactivated. I was told by someone in your office that the reinstatement fee would be \$750. I am writing to request that the reinstatement fee of \$750 be waived on the basis that I did send in the \$150 last year even though it seems the check never reached your office. I can assure you that I did not willingly allow my registration to lapse. I hope that you will be kind enough to accept my check for \$300: \$150 for last year and \$150 for this year. My CPA will verify any of this information if needed.

I thank you in advance for your kind consideration of my request. Please call me if you need more information or wish to discuss this matter. Home: 561-588-8970,
Beeper/Voice mail: 561-751-1931.

Sincerely,

Nora D. Clemens R.D., L.D.

Nora D. Clemens R.D., L.D.

Attachment: a copy of my check register listing check # 308 as my payment last year on April 5, 1998.