

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000023479

1. Corporation Name

Nutrition Consultant Services Inc

2. Principal Office Address

8323 W. Lake Dr.

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

FL

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

33406

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/97

5. FEI Number

650740676

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nora D. Clemens

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

8323 W. Lake Dr.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

600029817556

03/03/04--01054--018 **900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nora D. Clemens

Date

3/10/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Nora D. Clemens	8323 W. Lake Dr.	
		West Palm Beach	FL 33406

10. 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

Date

2/25/04 561-644-4691

Daytime Phone #

CR2E081 (01/04)