

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 18 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024319

1. Corporation Name

T & C'S NUTRITIOUS CENTER, INC.

Principal Place of Business

Mailing Address

3720 NW 13TH STREET #10B  
GAINESVILLE FL 32601

5516 NW 33RD PLACE  
GAINESVILLE FL 32606  
US

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

03/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3484939

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	CALLAWAY, THEOTIS	3720 NW 13TH STREET #10B	GAINESVILLE FL 32601
VSD	TUCKER, CAROLYN	3720 NW 13TH STREET #10B	GAINESVILLE FL 32601

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-11/01/00-01055-021

\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 2008

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/17/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00 352-378-6572  
Date Daytime Phone #

CR20040 (6/00)