

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 13 AM 8:15

DOCUMENT # 998000014460

1. Corporation Name

NFS NUTRITION + FITNESS SYSTEMS, INC.

W01-27162

2. Principal Office Address

2000 BANKS RD

Suite, Apt. #, etc.

BAY 218

City & State

MARGATE, FL

Zip

33063

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

18 99-01

4. Date incorporated or Qualified  
To Do Business in Florida

2/13/98

5. FEI Number

65-0813179

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

GEORGE DEREK SMITH

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

2000 BANKS ROAD, BAY 91

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

*George Derek Smith*

REGISTERED AGENT MUST SIGN

Date

11/1/01

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

PRES

GEORGE DEREK SMITH

2000 BANKS RD BAY 218

MARGATE, FL 33063

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

*George Derek Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/01

Daytime Phone #

(954) 917-2696