

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000062941**

1. Corporation Name

**NUTRITION WISE WEST, INC.**

Principal Place of Business

150 N. U.S. 31  
TEQUESTA FL 33469

Mailing Address

150 N. U.S. 31  
TEQUESTA FL 33469

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

2. New Principal Office Address, If Applicable

Not New --  
Suite, Apt. #, etc.  
10150 W. Indiantown Rd  
City & State  
Jupiter FL  
Zip 33478 Country Palm Beach

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/15/1998

5. FEI Number

65-0869970

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addition of Fee required for a Certificate of Status

REINSTATEMENT 99 TS

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
Pres.	Cheryl A. Cohen	4153 Russell St	Tequesta FL 33469
			100003076601--7
			-12/21/99--01055--024
			****750.00 ****750.00
			REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

Cohen,  
COEHN, CHERYL A  
4153 RUSSELL STREET  
TEQUESTA FL 33469

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

Cheryl A. Cohen

REGISTERED AGENT MUST SIGN

Date 11-16-99

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:

Cheryl A. Cohen Pres.  
4153 Russell St.  
Tequesta FL 33469

Date

561-747-1818

Daytime Phone #