

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 <i>Not New</i>	3. New Mailing Office Address, If Applicable <i>Not New</i>
Suite, Apt. #, etc. <i>16150 W. Indiantown Rd</i>	Suite, Apt. #, etc.
City & State <i>Jupiter FL</i>	City & State
Zip <i>33478</i>	Country <i>Palm Beach</i>
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <i>07/15/1998</i>	
5. FEI Number <i>65-0869970</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip
1 Pres.	2 Cheryl A. Cohen	3 4153 Russell St	4 Tequesta FL 33469
		1000003076601 -- -12/21/99--01055--024 ****750.00 ****750.00	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COEHN, CHERYL A
4153 RUSSELL STREET
TEQUESTA FL 33469

Name <i>Cheryl A. Cohen</i>		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City <i>Tequesta</i>	State <i>FL</i>	Zip Code <i>33469</i>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

561-747-1818

Date
Daytime Phone #

CPD040 (89)