

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P99000083904

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 1 PM 2:31

DOCUMENT # P99000083904

1. Corporation Name

The Nutrition Club, Inc.

REINSTATEMENT 2000-01

2. Principal Office Address

10540 72nd Street North

3. Mailing Office Address

10540 72nd Street North

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Largo, Florida

City & State

Largo, Florida

Zip

33777

Country

USA

Zip

33777

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

September 22, 1999

5. FEI Number

25-1843140

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

William L. Owens
 Bond, Schoeneck & King, P.A.

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

4001 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 404

City

Naples

State

FL

Zip Code

34103

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

William L. Owens

REGISTERED AGENT MUST SIGN

Date 2/23/01

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
P/D	David McCabe	10540 72nd Street North, Suite B Largo, Florida 33777	Largo, Florida 33777

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:

David McCabe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

(727) 547-5222

Daytime Phone #

Ext 231

CR2E081 (9/00)

CAPITOL SERVICES d/b/a
 PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
 1406 Hays Street, Suite 2
 (Address)
 Tallahassee, FL 32301 (904) 656-3992
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. The Nutrition Club, Inc. P99-83904
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

Walk in Pick up time 3/1 Certified Copy
 Mail out Will wait Photocopy *Stamped* Certificate of Status

RECEIVED
 01 MAR - 1 AM 11:04
 DIVISION OF CORPORATION

See list

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials