	Certificate of
ame and Ad	dress of Current Registered Agent:
/ITH, THOMAS 61 NW 57TH C I2 MARAC, FL 33	Т
e above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in
GNATURE:	THOMAS SMITH III
	Electronic Signature of Registered Agent
fficar/Diract	or Detail :

ntity Name: T3 NUTRITION INCORPORATED
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2021 FLORIDA PROFIT CORPORATION REINSTATEMENT

# **Current Principal Place of Business:**

1042 NW 10TH AVE FORT LAUDERDALE, FL 33311

DOCUMENT# P1000000537

## **Current Mailing Address:**

1042 NW 10TH AVE FORT LAUDERDALE, FL 33311 US

# FEI Number: 27-1463848

# Na

SMI 616 212 TAN

The in the State of Florida.

### SIC

### **Officer/Director Detail :**

Title	CEO
Name	SMITH, THOMAS SIII
Address	1042 NW 10TH AVE
City-State-Zip:	FORT LAUDERDALE FL 33311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS S SMITH III	CEO	01/18/2021

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

01/18/2021 Date

Date