


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 400316

1. Corporation Name
BERTHA'S NUTRITION SHOPPES, INC.

FILED
 01 OCT 15 AM 9: 24
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 3802 W. NEPTUNE ST. TAMPA FL 33629	Mailing Address 3802 W. NEPTUNE ST. TAMPA FL 33629
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MM 2001

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 04/02/1972	
5. FEI Number 59-1420549	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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LAYTON, KATHLYN R	3802 WEST NEPTUNE STREET	TAMPA FL 33629
VP	VAN ORDEN, DENA	4003 S. WESTSHORE BLVD.	TAMPA FL 33611

000004669110--1
 -11/06/01--01060--003
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

VAN ORDEN, DENA
4003 S. WEST SHORE BLVD.
TAMPA FL 33611

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 *Dena Van Orden* **SIGNATURE REQUIRED** Date 10-12-01

REGISTERED AGENT MUST SIGN

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: *Dena Van Orden* Dena Van Orden 10-12-01-813-259-1109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)