


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P93000052198**

1. Entity Name  
**PURA SALUD GNC INC.**



FILED  
05 OCT 10 PM 3:18

SECRET  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>13611 S DIXIE HWY 106 MIAMI, FL 33176 US</b>		Mailing Address <b>13611 S DIXIE HWY 106 MIAMI, FL 33176 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-0426523** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<p><b>6. Name and Address of Current Registered Agent</b></p> <p><b>CASTELLON, BARNEY 10111 SW 142 ST MIAMI, FL 33176</b></p>	<p><b>7. Name and Address of New Registered Agent</b></p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) <b>20000 SW 232 Street</b></p> <p>City <b>MIAMI</b> FL Zip Code <b>33170</b></p>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Barney Castellon* DATE: 10.5.2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTELLON, BARNEY 9515 SW 118 CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Castellon Barney 20000 SW 232 St MIAMI FL 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, SCOTT A 885 CLAY CRAFT RD COLUMBUS, OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060456995 10/10/05--01074--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELLON, ANA MARIA 9515 SW 118 CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Castellon Ana Maria 20000 SW 232 St Miami FL 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ↓ Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barney Castellon* DATE: 10.5.2005 DAYTIME PHONE #: 305 3784185

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