

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004681

1. Corporation Name

International Nutrition Corporation

2. Principal Office Address

19283 Sabal Lake Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

318 S. Powerline Road
Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Deerfield Beach, FL

Zip

33434

Country

USA

Zip

33442

Country

USA

300009046953

11/18/02--01046--023--**900.00

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-1995

5. FEI Number

65-0554741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Suhondron, Kenneth

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

318 South Powerline Road

Suite, Apt. #, Etc.

City

Deerfield Beach

State
FL

Zip Code

USA/33442

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

REGISTERED AGENT MUST SIGN

Date 12/02/02

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	Suhondron, Kenneth	318 S. Powerline Road	Deerfield Beach, FL 33442

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)(f), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/02
Date

954 428 2224
Daytime Phone #

12/18