

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 12 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P 970000 82726

1. Corporation Name

NUTRACEUTICAL CLINICAL LABS, INC.

2. Principal Office Address

3542 MORRIS ST. N.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

Country

Zip

Country

33713

USA

**REINSTATEMENT** 200801

4. Date Incorporated or Qualified To Do Business in Florida

9/24/97

5. FEI Number

59-3638624

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

PATRICIA A. KOEPKE

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

3542 MORRIS ST. N.

Suite, Apt. #, Etc.

300004642058--2

-10/18/01--01067-012

\*\*\*\*900.00 \*\*\*\* 900.00

City

ST. PETERSBURG

State  
FL

Zip Code

3373

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

*Patricia A. Koepke*  
REGISTERED AGENT MUST SIGN

Date 10-10-01

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       |
|--------|-----------------------------------|--|--------------------------|
| CH/CEO | PAUL L. SIMMONS                   | 3542 MORRIS ST. N.                             | ST. PETERSBURG, FL 33713 |
| COO    | EMERY ELLINGER, III               | 3542 MORRIS ST. N.                             | ST. PETERSBURG, FL 33713 |
| SEC/V  | PATRICIA A. KOEPKE                | 3542 MORRIS ST. N.                             | ST. PETERSBURG, FL 33713 |
| D.     | KEITH ANDERSON                    | 347 BEACH AVE                                  | LONGWOOD, FL 32750       |
| D      | DR. MICHE PROCTOR                 | 9741 BERECHAN DR.                              | HOLLYWOOD, FL 33024      |
| D      | ROBERT FLARR                      | 3747 DORNEY PARK RD.                           | ALLENTOWN, PA 18104      |

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)(l), 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

PAUL L. SIMMONS

Date

10-10-01

Daytime Phone #

722/526-9500

CR2001 (8/00)