PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 834304

1. Corporation Name

NOVARTIS NUTRITION CORPORATION

Principal Place of Business	Mailing Address
~~5920 WEST 23RD STREET~~ ~~P.O. BOX 370~~ ~~MINNEAPOLIS MN 55440~~	~~445N STATE STREET~~ ~~FREMONT MI 49413-0001~~

REINSTATEMENT 03

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
5320 West 23rd Street	200 Kimball Drive
Suite, Apt. #, etc.: P.O. Box 370	Suite, Apt. #, etc.
City & State: Minneapolis, MN	City & State: Parsippany, New Jersey
Zip: 55440 Country: USA	Zip: 07054 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/05/1975

5. FEI Number: 41-0991082 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	~~VALENTINO, M~~ Janet Conneely	~~560 MORRIS AVE~~ 5100 Gamble Drive ~~200 Kimball Drive~~	~~SUMMIT NJ 07901~~ St. Louis Park, MN 55416 ~~Parsippany, NJ 07054~~
VP	~~FRIBBE, F~~ Craig Thompson	~~520 MORRIS AVE~~ 5100 Gamble Drive	~~SUMMIT NJ 07901~~ St. Louis Park, MN 55416
VP	~~FITZPATRICK, CHRISTOPHER~~ Robert Harrington	~~200 KIMBALL DRIVE~~ 5100 Gamble Drive	~~PARSIPPANY NJ 07054~~ St. Louis Park, MN 55416
D	BARNETT, TERRY	608 FIFTH AVENUE	NEW YORK NY 10020
D	~~CARDFIX, A~~ LaPierre, Richard	~~520 MORRIS AVE~~ 200 Kimball Drive	~~SUMMIT NJ 07901~~ Parsippany, NJ 07054
~~P~~ VP	~~HURLEY, DAVID M~~ Jerry Armstrong	~~5320 W 23RD ST~~ 5100 Gamble Drive	~~MINNEAPOLIS MN 55416~~ St. Louis Park, MN 55416

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. 400082451736H
11/07/03--01079--010 **750.00

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Brian Courtney Asst. V. Pres. Date: 10/27/03

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: SIGNATURE Raymond A. White Jr. / Assistant Treasurer 10-22-2003 943-503-7514

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