PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 25 PM 1:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT 01-02

DOCUMENT # F00000001380

1. Corporation Name
METAGENICS, INC.

2. Principal Office Address	3. Mailing Office Address
100 Avenida La Pata	100 Avenida La Pata
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Clemente, CA	City & State: San Clemente, CA
Zip: 92673 Country: USA	Zip: 92673 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/14/2000

5. FEI Number: 95-3841881 ☐ 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: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32303

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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: Denise Zollner Denise Zollner, Asst. Secretary Date: 3/20/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/97)

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
C	Jeffrey J. Katke	100 Avenida La Pata	San Clemente, CA 92673
P	Jeffrey Bland	5800 Soundview Dr., Bldg. B	Gig Harbor, WA 98335
V	Carl M. Moore	100 Avenida La Pata	San Clemente, CA 92673
S/T	Jerry Morey	100 Avenida La Pata	San Clemente, CA 92673
V	Janice M. Moore	100 Avenida La Pata	San Clemente, CA 92673

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)(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: Jerry Morey 3/14/02 949.369.3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #