

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000001380

Entity Name: METAGENICS, INC.

FILED
Oct 14, 2005
Secretary of State

Current Principal Place of Business:

100 AVENIDA LA PATA
SAN CLEMENTE, CA 92673

New Principal Place of Business:

Current Mailing Address:

100 AVENIDA LA PATA
SAN CLEMENTE, CA 92673

New Mailing Address:

FEI Number: 95-3841881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DENISE ZOLLNER

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KATKE, JEFFREY J
Address: 100 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: P () Delete
Name: BLAND, JEFFREY
Address: 5800 SOUNDVIEW DR, BLDG B
City-St-Zip: GIG HARBOR, WA 98335

Title: V () Delete
Name: MOORE, CARL M
Address: 100 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: ST () Delete
Name: MOREY, JERRY
Address: 100 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: V () Delete
Name: MOORE, JANICE M
Address: 100 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY MOREY

ST

10/14/2005

Electronic Signature of Signing Officer or Director

Date