

F01000002738

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

Corrected

AL1

FOREIGN PROFIT QUALIFICATION

SINOFRESH LABORATORIES, INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE, FLORIDA

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01 MAY 21 PM 2:49

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 16, 2001

CAPITAL CONNECTION, INC.

SUBJECT: SINO FRESH LABORATORIES, INCORPORATED
REF: W01000011062

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: E01000066134
Letter Number: 501A00029599

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

CAPITAL CONNECTION
01/26/01 15:08 FAX

850 222 1222

05/21 '01 12:15 NO.837 03/05

CAPITAL CONNECTION

850 222 1222

01/19 '01 15:18 NO.878 03/04

0002

H01000066134 7

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA**

1. SINOFRESH LABORATORIES, INC

(Name of corporation must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so designated in the name at present.)

2. ALABAMA

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. JUNE 14, 2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 08, 2001

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 617.155, F.S.)

7. 313 SEABOARD AVENUE

VENICE, FLORIDA 34292

(Current mailing address)

8. MANUFACTURER OF HEALTH RELATED PRODUCTS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

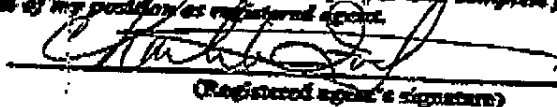
Name: CHARLES A. FUST

Office Address: 313 SEABOARD AVENUE

VENICE, FL. 34292, Florida, 34292
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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CAPITAL CONNECTION

850 222 1222

05/21 '01 12:16 NO.837 04/05

01/28/01 15:07 FAX

CAPITAL CONNECTION

850 222 1222

01/19 '01 15:19 NO.878 04/04

003

12. Names and addresses of officers and/or directors (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: CHARLES A. FUST

Address: 2920 MONTGOMERY DRIVE
PORT CHARLOTTE, FL 33981

Vice Chairman: JOSEPH ELKOURIE

Address: 917 FORREST POND DRIVE
MARIETTA GA 30068

Director: LISA MULLINS

Address: 2281 HACKBERRY LANE
BIRMINGHAM, AL 35226

Director: DR. ROBERT CONNOR

Address: 1771 INDEPENDENCE COURT, SUITE 1
BIRMINGHAM, AL 35216

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: CHARLES A. FUST

Address: 2920 MONTGOMERY DRIVE
PORT CHARLOTTE, FL 33981

Vice President: JOSEPH ELKOURIE

Address: 917 FORREST POND DRIVE
MARIETTA, GA 30068

Secretary: LEIGHTON DEMING ESP.

Address: 6470 E. JOHNS CROSSING, SUITE 440
DULUTH, GA 30097

Treasurer: CHARLES A. FUST

Address: 2920 MONTGOMERY DRIVE
PORT CHARLOTTE, FL 33981

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CHARLES A. FUST, CHAIRMAN

(Typed or printed name and capacity of person signing application)

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CAPITAL CONNECTION
FROM : DEDE HARBIN

850 222 1222

05/21 '01 12:16 NO.837 05/05

FAX NO. : 3342623953

May. 21 2001 11:59AM P2

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

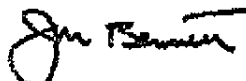
the domestic corporation records on file in this office disclose that Sinofresh Laboratories, Inc. incorporated in Jefferson County, Birmingham, Alabama on June 13, 2000. I further certify that the records do not disclose that said Sinofresh Laboratories, Inc. has been dissolved.

FILED
01 MAY 21 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

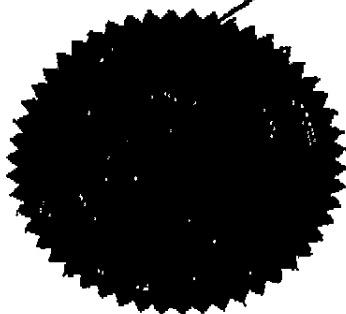
May 21, 2001

Date



Jim Bennett

Secretary of State



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