

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000004918

Entity Name: VITARICH LABORATORIES, INC.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

4365 ARNOLD AVE
NAPLES, FL 341043390

New Principal Place of Business:

Current Mailing Address:

ONE CHURCH STREET, SUITE 302
ROCKVILLE, MD 208504190

New Mailing Address:

FEI Number: 20-1411627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DAVID B LAW

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: BOSSELMANN, RAINER
Address: ONE CHURCH STREET, SUITE 302
City-St-Zip: ROCKVILLE, MD 20850

Title: P () Delete
Name: FOLEY, WILLIAM
Address: ONE CHURCH STREET, SUITE 302
City-St-Zip: ROCKVILLE, MD 20850

Title: VST () Delete
Name: TRUDEL, ARTHUR F
Address: ONE CHURCH STREET, SUITE 302
City-St-Zip: ROCKVILLE, MD 20850

Title: VP () Delete
Name: SALTAMARTINE, JOHN
Address: ONE CHURCH STREET, SUITE 302
City-St-Zip: ROCKVILLE, MD 20850

Title: VPF () Delete
Name: MADDEN, DENNIS
Address: ONE CHURCH STREET, SUITE 302
City-St-Zip: ROCKVILLE, MD 20850

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 exemption stated in Chapter 119, 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: DENNIS MADDEN

VPF

10/14/2009

Electronic Signature of Signing Officer or Director

Date