2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800137425588
10/29/08--01031--009 **750.00

DOCUMENT # F06000004788

1. Entity Name
SYSTEMIC NUTRITIONAL CENTERS, INC.

Principal Place of Business	Mailing Address
519 CLEVELAND ST. STE. 101 CLEARWATER, FL 33755	519 CLEVELAND ST. STE. 101 CLEARWATER, FL 33755

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

10162 (R1/07) 08

4. FEI Number 75-3212800 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSE, OLALDE 519 CLEVELAND STREET 101 CLEARWATER, FL 33755	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOSÉ OLALDE — OCT 20 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $750.00
After January 1, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC ☐ Delete	TITLE	PC ☑ Change ☐ Addition
NAME	OLALDE, JOSE	NAME	OLALDE, JOSE
STREET ADDRESS	288 BELLVIEW RD	STREET ADDRESS	519 CLEVELAND ST. STE 101
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	SD ☐ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	PEREZ, FABIOLA	NAME	PEREZ, FABIOLA
STREET ADDRESS	288 BELLVIEW RD	STREET ADDRESS	519 CLEVELAND ST. STE 101
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	TD ☐ Delete	TITLE	TD ☑ Change ☐ Addition
NAME	PEREZ, FABIOLA	NAME	PEREZ, FABIOLA
STREET ADDRESS	288 BELLVIEW RD	STREET ADDRESS	519 CLEVELAND ST. STE 101
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME		NAME	GARCIA, FRANCISCO
STREET ADDRESS		STREET ADDRESS	519 CLEVELAND ST. STE 101
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME		NAME	FERNANDEZ, EYRA
STREET ADDRESS		STREET ADDRESS	519 CLEVELAND ST. STE 101
CITY-ST-ZIP	10/29	CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSÉ OLALDE — OCT 20 2008 — 727.214.1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #