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

REINSTATEMENT (1/07) 08

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PC OLALDE, JOSE 288 BELLVIEW RD CLEARWATER, FL 33756	☐ Delete	PC OLALDE, JOSE 519 CLEVELAND ST. STE 101 CLEARWATER, FL 33755	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEREZ, FABIOLA 288 BELLVIEW RD CLEARWATER, FL 33756	☐ Delete	SD PEREZ, FABIOLA 519 CLEVELAND ST. STE 101 CLEARWATER, FL 33755	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEREZ, FABIOLA 288 BELLVIEW RD CLEARWATER, FL 33756	☐ Delete	TD PEREZ, FABIOLA 519 CLEVELAND ST. STE 101 CLEARWATER, FL 33755	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D GARCIA, FRANCISCO 519 CLEVELAND ST. STE 101 CLEARWATER, FL 33755	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D FERNANDEZ, EYRA 519 CLEVELAND ST. STE 101 CLEARWATER, FL 33755	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

10/29

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 #