

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700002778

1. Corporation Name
NUTRILAB CORPORATION
4020 PARK STREET NORTH SUITE 201A
ST. PETERSBURG, FL 33709

2. Principal Office Address
4020 PARK STREET N
Suite, Apt. #, etc.
201A
City & State
ST. PETERSBURG FL
Zip
33709
Country
USA

3. Mailing Office Address
4020 PARK STREET N
Suite, Apt. #, etc.
201A
City & State
ST. PETERSBURG FL
Zip
33709
Country
USA

4. Date incorporated or Qualified To Do Business in Florida
4-15-1997

5. FEI Number
22-3508101
Applied For
NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED 0875 (Business in this jurisdiction) 0875 (Certificate of Status)

7. Name and Address of Current Registered Agent

Name
Jeffrey Friedman
Street Address (P.O. Box Number is Not Acceptable)
4621 MIRABELLE CT
Suite, Apt. #, Etc.
City
ST PETE BEACH
State
FL
Zip Code
33706

500004560545-3
-08/28/01--01090--012
****300.00 ***300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of Registered Agent
Date 8/14/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| TITLE | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|---|
| P, VP | JEFFREY FRIEDMAN | 4621 Mirabella Ct | St Pete Bch., Fl. 33706 |
| | | | 500004560545-3 -08/28/01--01090--01 *****8.75 *****8.75 |
| | | | AD |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(a), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jeffrey Friedman
Date 8/14/01
Daytime Phone #