

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000002381			
1. Corporation Name NUTRACEUTICAL CLINICAL LABORATORIES, INC.			
2. Principal Office Address 3542 MORRIS ST. N. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State	
Zip 33713	Country PINELLAS	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 4/7/2000		5. FEI Number 59-3638624	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name PATRICIA KOEPKE	
Street Address (P.O. Box Number is Not Acceptable) 3542 MORRIS ST. N.	
Suite, Apt. #, Etc.	
City ST. PETERSBURG	State FL
Zip Code 33713	100004619101-0 -10/01/01--01099--01 ****558.75 ****558.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Patricia Koepke **Date** 9-12-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CH/CEO	PAUL H. SIMMONS	3542 MORRIS ST. N. ST. PETERSBURG, FL 33713	
COO	EMERY FETTINGER	3542 MORRIS ST. N.	ST. PETERSBURG, FL 33713
SEC/V	PATRICIA A. KOEPKE	3542 MORRIS ST. N.	ST. PETERSBURG, FL 33713
D	KEITH ANDERSON	347 BEACH AVE	HONGWOOD, FL 32750
D	DR. MICHE PROCTOR	9741 BERECHAN DR.	HOLLYWOOD, FL 33024
D	ROBERT PHARR	3747 DORNEY PK. RD.	AWANTOWN, PA 18104

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)(i), 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: Paul L. Simmons **Date:** 9/12/01 **Daytime Phone #** 727-526-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR