

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000004346			
1. Corporation Name NATUROPATHIC LABORATORIES INTERNATIONAL, INC.			
Principal Place of Business P.O. BOX 14174 ST. PETERSBURG FL 33733-4174		Mailing Address P.O. BOX 14174 ST. PETERSBURG FL 33733-4174	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 4911 Creekside Drive Unit A	3. New Mailing Office Address, If Applicable 1 LINDEN PLACE Suite 205	4. Date Incorporated or Qualified To Do Business in Florida 08/16/1999	
City & State Clearwater FL	City & State GREAT NECK NY	5. FEI Number 22-3007667	
Zip 33760	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
I	POPODKSY, DAVID	2666 WINONA ROAD	BALDWIN NY
P	POPODKSY, SCOTT	1 LINDEN PLACE	GREAT NECK NY
V	KNIGGE, JAN D	5220 BRITTYN DR. SO. #106	ST. PETERSBURG FL 33715
V	STANTON, Richard P	8213 Bronte Ct	Orlando FL 32836
		<i>6000004719326--7 -12/11/01-01073-013 ****750.00 ****750.00</i>	
8. Name and Address of Current Registered Agent KNIGGE, JAN D 5220 BRITTYN DRIVE, SUITE 106 ST. PETERSBURG FL 33715		9. Name and Address of New Registered Agent Richard Paul Stanton 8213 Bronte Court Orlando	
		City Orlando	State FL Zip Code 32836
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent SIGNATURE: Richard P. Stanton	Date 10/31/01		CR2E40 (8/01)
11. 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: S. J. St. John REQUIRE PRESIDENT		Date 11/1/01	Daytime Phone # 800-888-4354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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