

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K25328

1. Corporation Name
METABOLIC NUTRITION INC.

Principal Place of Business 2299 N.E. 164TH STREET P. O. BOX 60-0866 MIAMI FL 33160	Mailing Address 2299 N.E. 164TH STREET P. O. BOX 60-0866 MIAMI FL 33160
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	06/03/1988
5. FEI Number	65-0055773
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	COHEN, MURRAY J.	2299 N.E. 164 STREET	MIAMI FL
D	COHEN, JAY M.	2299 N.E. 164 STREET	MIAMI FL
D	COHEN, BRIAN M.	2299 N.E. 164 STREET	MIAMI FL
			100002707431--8
			-12/09/98--01072--018
			****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COHEN, MURRAY J. 2299 NE 164TH ST. MIAMI FL 33160	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code
	FL

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 Murray J. Cohen **REQUIRED** Date 11-24-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Murray J. Cohen **REQUIRED** 11/24/98 305-940-0962

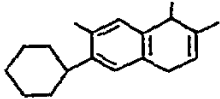
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E040 (9/98)

2012

METABOLIC NUTRITION, INC.

"DEVOTED TO SUCCESS THROUGH SCIENCE"



November 24, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Dear Sirs,

I was just informed that you have not received our company's annual renewal check.

Metabolic Nutrition Inc. has been incorporated since June 1988 and has never missed or been late with a payment.

Our office has no recollection of having received the "first" notice for renewal.

After speaking to an agent in your office, I was advised to send a check for \$150.00 and the above explanation of why the payment was not sent.

I appreciate your consideration in this matter.

Sincerely,

Murray J. Cohen
President

