

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000030468

FILED
Apr 24, 2006
Secretary of State

Entity Name: DISCOUNT NUTRITION MEXICO, LLC

Current Principal Place of Business:

7891 WEST FLAGLER ST., STE. 342
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7891 WEST FLAGLER ST., STE. 342
MIAMI, FL 33144

New Mailing Address:

FEI Number: 05-0581990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGIER, HENRY R
7891 WEST FLAGLER ST., STE. 342
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: HENRY INGIER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DISCOUNT NUTRITION M, EXICO S.A. DR C .V.
Address: AVE SAYIL #24 MZ 10 SM4
City-St-Zip: CANCUN Q.ROO MEXICO 77500, FL 33144

Title: MGR () Delete
Name: VADILLO, LAURA E
Address: AVE SAYIL #24 MZ 10 SM4
City-St-Zip: CANCUN Q.ROO MEXICO 77500, FL 33144

Title: MGR () Delete
Name: INGIER, HENRY R
Address: 7891 WEST FLAGLER ST., STE. 342
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA E VADILLO

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date