

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000000627

**FILED**  
**Oct 11, 2007**  
**Secretary of State**

**Entity Name:** ONE STOP NUTRITION SHOP LLC

**Current Principal Place of Business:**

1040 SEMINOLE DRIVE  
SUITE 1558  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

1730 NE 28TH DRIVE  
WILTON MANORS, FL 33334 US

**Current Mailing Address:**

1040 SEMINOLE DRIVE  
SUITE 1558  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

1730 NE 28TH DRIVE  
WILTON MANORS, FL 33334 US

**FEI Number:** 13-4348534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DRUKER, RONALD  
3601 W. COMMERCIAL BLVD. STE. 11  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

BILAS, JOHN R  
1730 NE 28TH DRIVE  
WILTON MANORS, FL 33334 US

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: JOHN R BILAS

10/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: BILAS, JOHN R  
Address: 1730 NE 28TH DRIVE  
City-St-Zip: WILTON MANORS, FL 33334 US

I hereby certify that the information supplied with this filing does not qualify 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: JOHN R BILAS

PRES

10/11/2007

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