2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# L06000106942

Entity Name: DAVE & ESTHER NUTRITION CENTER L.L.C.

Current Principal Place of Business:

839 CYPRESS PARKWAY
POINCIANA, FL 34759

New Principal Place of Business:

Current Mailing Address:

839 CYPRESS PARKWAY
POINCIANA, FL 34759

New Mailing Address:

FEI Number: 20-5784556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MANGAL, HEMANT
2878 SWEETSPIRE CIRCLE
KISSIMMEE, FL 34746 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: HEMANT MANGAL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MANGAL, HEMANT
Address: 2878 SWEETSPIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM ( ) Delete
Name: MANGAL, ESTHER
Address: 2878 SWEETSPIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

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 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: HEMANT MANGAL MGRM 10/24/2008

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