



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> --L45559 <b>1. Corporation Name</b> VITAMIN WHOLESALERS, INC.		<div>FILED</div> <div>03 SEP 29 PM 3:38</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div>400023400794</div> <div>09/29/03--01060--011 **900.00</div>	
<b>2. Principal Office Address</b> 119 E. OAKLAND PARK BLVD Suite, Apt. #, etc. City & State OAKLAND PARK, FL Zip Country 33334 USA		<b>3. Mailing Office Address</b> 119 E OAKLAND PARK BLVD. Suite, Apt. #, etc. City & State OAKLAND PARK, FL Zip Country 33334 USA	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1/29/1990	
		<b>5. FEI Number</b> 65-0176475 <div>Applied For Not Applicable</div>	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name ROBERT TRAUTSCHOLD			
Street Address (P.O. Box Number is Not Acceptable) 119 E. OAKLAND PARK BLVD.			
Suite, Apt. #, Etc.			
City OAKLAND PARK		State FL	Zip Code 33334
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>			
Signature of Registered Agent 		Date 9/26/03	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip
PD	ROBERT TRAUTSCHOLD	119 E OAKLAND PARK BLVD.	OAKLAND PARK, FL 33334
<b>10. 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.</b>			
SIGNATURE: 		Date 9/26/03	Daytime Phone # 981.523.0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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