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Division of Corporations

Florida Department of State
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
NUTRITIONAL BRANDS INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name
Nutritional Brands International, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Golden Bear Plaza	Golden Bear Plaza
Suite, Apt. #, etc. 4th Floor, East Tower, Suite 406	Suite, Apt. #, etc. 4th Floor, East Tower, Suite 406
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33408 Country USA	Zip 33408 Country USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 10/27/10

6. FEI Number: 27-3609903 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required If a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

E-mail Address: _____ (To be used for future annual report notices)

9. I being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Robert O'Byrne, Vice President Date: 4/24/12
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael Schreck	101 Hudson Street, Suite 3700	Jersey City, NJ 07302
MGR	Mathew Spolar	101 Hudson Street, Suite 3700	Jersey City, NJ 07302

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that while filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 4/24/12 Daytime Phone #: 201 985 8300

Typed or printed name of signing Managing Member/Manager: Michael Schreck