2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# N03000001014

Entity Name: INSTITUTE FOR NUTRITION & BEHAVIORAL SCIENCES INC.

Current Principal Place of Business:

135 W. 20TH ST., 5TH FLOOR
NEW YORK, NY 10011

New Principal Place of Business:

400 ALTON ROAD
1506
MIAMI BEACH, FL 33139

Current Mailing Address:

135 W. 20TH ST., 5TH FLOOR
NEW YORK, NY 10011

New Mailing Address:

400 ALTON ROAD
1506
MIAMI BEACH, FL 33139

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

Name and Address of Current Registered Agent:

PLATKIN, CHARLES
400 ALTON ROAD
1506
MIAMI BCH, FL 33139 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: CHARLES STUART PLATKIN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PLATKIN, CHARLES
Address: 135 W. 20TH ST., 5TH FLOOR
City-St-Zip: NEW YORK, NY 10011

Title: D ( ) Delete
Name: CLIFFORD, CAREY
Address: 135 W. 20TH ST., 5TH FLOOR
City-St-Zip: NEW YORK, NY 10011

Title: D ( ) Delete
Name: ABREU, MEREDITH
Address: 135 W. 20TH ST., 5TH FLOOR
City-St-Zip: NEW YORK, NY 10011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES PLATKIN OFF 10/06/2005
Electronic Signature of Signing Officer or Director — Date