

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000010381**

1. Corporation Name

DINAH'S ENTERPRISES, INC.

FILED

04 AUG 13 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

GNC AT LUCIE WEST
1357 NW ST LUCIE WEST BLVD
PORT ST LUCIE FL 34986

1357 NW ST LUCIE WEST BLVD
PORT ST LUCIE FL 34986



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/31/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-0993822	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALKER, VAN	P O BOX 7338	PORT ST LUCIE FL 34985
D	WALKER, DINAH H	P O BOX 7338	PORT ST LUCIE FL 34985
P	WALKER, DINAH H.	1357-B NW ST LUCIE WEST BLVD	PORT ST LUCIE, FL 34986
VP	WALKER, VAN R.	1357B NW ST LUCIE WEST BLVD	PORT ST LUCIE, FL 34986
REINSTATEMENT 03-04			300039337903 07/20/04--01033--009 **750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WALKER, DINAH 1357-B NW ST LUCIE WEST BLVD PORT SAINT LUCIE FL 34986		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Dinah H. Walker **DINAH H. WALKER** Date 7/16/04
REGISTERED AGENT MUST SIGN

11. 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.

SIGNATURE: Van R. Walker **VAN R. WALKER** Date 7/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)