

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 11 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000042895

1. Corporation Name

Results Nutrition, Inc.
13650 16th Street North
Largo, FL 33771

300007994469--1
-09/25/02--01001--007
****758.75 ****758.75

KAB

REINSTATEMENT 01-02

2. Principal Office Address

13650 16th St. No.

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

FL

Country

U.S.

Zip

33771

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/2001

5. FEI Number

59-3658199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Roesch

Street Address (P.O. Box Number is Not Acceptable)

1150 Park Street North
St. Petersburg, FL

Suite, Apt. #, Etc.

City

State

FL

Zip Code

33710

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.

Signature of
Registered Agent

Mark Roesch

REGISTERED AGENT MUST SIGN

Date

9-10-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State / Zip
Pres.	Mark Roesch	1150 Park Street No.	St. Petersburg, FL 33710
		07/24/01 90009 037	\$ 150.00

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)(f), 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:

Mark Roesch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

727-535-1657

Daytime Phone #

CR2E08T (9/01)