

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 02 REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000067650

1. Corporation Name

FLETCHER NUTRITIONAL RESEARCH, INC.

Principal Place of Business

220 SAN JOSE DRIVE
DUNEDIN FL 34698

Mailing Address

220 SAN JOSE DRIVE
DUNEDIN FL 34698

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 07/10/2001
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3729535
City & State	City & State	Applied For Not Applicable
Zip	Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HUGGINS, WILLIAM F	220 SAN JOSE DRIVE	DUNEDIN FL 34698

CR2ED40 (8/02)

8. Name and Address of Current Registered Agent

HUGGINS, WILLIAM F
220 SAN JOSE DRIVE
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name
Julie Greenwelt
Street Address (P.O. Box Number is Not Acceptable)
220 San Jose Dr.
Suite, Apt. #, Etc.
City
Dunedin

State
FL Zip Code
34698

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

William F. Huggins
REGISTERED AGENT MUST SIGN

Date *10-25-02*

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:

William F. Huggins
Wm. F. Huggins 10-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

220 SAN JOSE DRIVE
DUNEDIN, FLORIDA 34698

FLETCHER NUTRITIONAL RESEARCH, INC.

October 25, 2002

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

As stated on the telephone call to your office, I never received the proper URB forms for this Corporation. Therefore please accept this application with the fee of \$150.00 for filing. The new Registered Agent has also been listed.

Thank you for help in this matter.

Sincerely,

Dr. William F. Huggins
President