PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700029814577
03/16/04--01080--002 **150.00

700029814577
03/16/04--01080--002 **300.00

REINSTATEMENT 03-24

DOCUMENT # P01000119684

1. Corporation Name

Nutrilife Inc.

2. Principal Office Address		**3.** Mailing Office Address	
8655 Wellington Loop		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Kissimmee Florida		Kissimmee Fflorida	
Zip	Country	Zip	Country
34747	USA	34747	USA

4. Date Incorporated or Qualified To Do Business in Florida 12/17/2001

5. FEI Number 260005106 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Martinha L. Gondim

Street Address (P.O. Box Number is Not Acceptable)
8655 Wellington Loop

700029814577
03/03/04--01049--009 **750.00

Suite, Apt. #, Etc.

City: Kissimmee | State: FL | Zip Code: 34747

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 ____ _____ Date 02/24/2004
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
Dps	Martinha L. Gondim	8655 Wellington Loop	Kissimmee FL 34747

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)(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: MARTINHA L. GONDIM 04/02/04 (407)382-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #