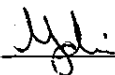


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000119684			
1. Corporation Name Nutrilife Inc.			
2. Principal Office Address 8655 Wellington Loop Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Kissimmee Florida		City & State Kissimmee Fflorida	
Zip 34747	Country USA	Zip 34747	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12/17/2001		5. FEI Number 260005106	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Martinha L. Gondim			
Street Address (P.O. Box Number is Not Acceptable) 8655 Wellington Loop			
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			
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)(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:  MARTINHA L. GONDIM		04/02/04 (407) 382-9040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2001 (01/04)