PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAY 27 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000022103

1. Corporation Name
VITA SOURCE, INC

2. Principal Office Address
8641 W McNAB ROAD

Suite, Apt. #, etc.

City & State
TAMARAC

Zip 33321 Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 02/27/02

5. FEI Number 75-3030505 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ASEEM K ROY

700001987034 7
05/27/03--01028--004 **150.00

Street Address (P.O. Box Number is Not Acceptable)
3229 Coral Ridge Drive

Suite, Apt. #, Etc.

City
Coral Springs

State FL Zip Code 33065

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

Signature of Registered Agent X [signature]
REGISTERED AGENT MUST SIGN

Date X 5/20/03

CF2E081 (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
D	ASEEM K ROY	3229 CORAL RIDGE DR.	CORAL SPRINGS FL 33065
D	MOHAMMAD AKHTER	7349 OAKBORO DR	LAKE WORTH, FL 33467
D	EHSAN SIDDIQUE	9431 BOCA COVE CIRCLE 1013	BOCA RATON FL 33428

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date X 5/20/03

Daytime Phone #

5/29