

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042450

1. Entity Name

PHARMATRITIONALS, INC.



04 DEC 13 PM 1:55

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2109 Bayshore Boulevard

3. Mailing Address

same

Suite, Apt. #, etc.

602

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33606

Country

United States

Zip

Country

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera, Vice President

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$51.25

Make Check Payable to Florida Department of State

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4. Fil Number 30-0066981

Applied For
Not Applicable5. Certificate of Status: Denied ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Coral Way 4th Floor

City Miami

FL

Zip Code
33145

12/10/04

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD Douglas M. Drew
2109 Bayshore Boulevard, Suite 602
Tampa, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S Robert Schomaker
2109 Bayshore Boulevard, Suite 602
Tampa, FL 33606

TITLE
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12/27/04-01002-018 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11-07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Douglas M. Drew, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print

CR2E0348 (12/02)

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**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

1. Douglas M. Drew is the President of PHARMATRITIONALS, INC., a Florida corporation, (hereinafter "Corporation").

2. That the Corporation was administratively dissolved by the Florida Department of State on 19 September 2003.

3. That the Corporation failed to file its 2003, 2004 Annual Report or pay the 2003, 2004 Annual Report filing fee within the time prescribed by Florida Statute Chapter 607 because:—

3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,

3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was concerning a procedure to administratively dissolve the Corporation.

4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2003, 2004 Annual Report fees and the filing of its 2003, 2004 Annual Reports, which are presented simultaneously with this Affidavit.

5. PHARMATRITIONALS, INC. satisfies the requirements of the Florida Statutes 607.0401.

6. No further ground or grounds exist for the administrative dissolution of the Corporation.


Dated: 22 day of Nov, 2004

FURTHER, AFFIANT SAYETH NOT

PHARMATRITIONALS, INC:

By: DM Drew
Douglas M. Drew, President

SWORN AND SUBSCRIBED
before me this 22 day of Nov, 2004.

[Signature]
Notary Public, State of Florida at Large
Printed Name: Oscar Arroyave
Commission Expires February 11, 2006
 My Commission DD001338