PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 23 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095747

1. Corporation Name
NUTRIR CORPORATION

8260 W. FLAGLER STREET
8260 W. FLAGLER STREET

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
8260 W. FLAGLER STREET		8260 W. FLAGLER STREET	
Suite, Apt. #, etc. 2-C		Suite, Apt. #, etc. 2-C	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33144	Country DADE	Zip 33144	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 09/04/2002

5. FEI Number
61-1425668
☐ 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
JULIO C. MOLINA

Street Address (P.O. Box Number is Not Acceptable)
8260 W. FLAGLER STREET

200039445662
07/23/04--01009--005 **900.00

Suite, Apt. #, Etc.
2-C

City: MIAMI | State: FL | Zip Code: 33144

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 07/20/2004
REGISTERED AGENT MUST SIGN

CR2E081 (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
D	CAMARGO CAMPEROS, JORGE R.	8260 W. FLAGLER ST. # 2-C	MIAMI, FL. 33144
		200039445662 07/23/04--01009--006 **8.75	

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: _____ 07/20/2004 (305) 559-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #