

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 24 AM 9:30


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202008 REIN-P CR2E098 (1/07)

DOCUMENT # P03000056788

1. Entity Name
BIO. NATURAL SUPPLEMENT, INC.



Principal Place of Business
9100 S. DADELAND BLVD.
SYUTE #905
MIAMI, FL 33156

Mailing Address
9100 S. DADELAND BLVD.
SYUTE #905
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #
2851 NE 183 ST.
Suite, Apt. #, etc.
1501

3. Mailing Address
2851 NE 183 ST.
Suite, Apt. #, etc.
1501

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
04-3759610

Applied For
Not Applicable

Zip
33160

Country
BROWARD

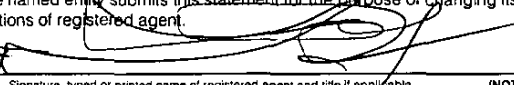
Zip
33160

Country
BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, GUILLERMO 10701 SW 102ND AVE. MIAMI, FL 33176	Name MARITZA BARTON
	Street Address (P.O. Box Number is Not Acceptable) 2851 NE 183 ST. # 1501
	City Aventura FL Zip Code 33160

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.

SIGNATURE:  DATE: Oct 20/08

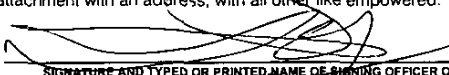
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	BARTON, MARTIZA <input type="checkbox"/> Delete	TITLE PD	BARTON MARITZA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, MARTIZA	NAME	BARTON MARITZA
STREET ADDRESS	9100 S. DADELAND BLVD. #905	STREET ADDRESS	2851 NE 183 ST. # 1501
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	AVENTURA, FL 33160
TITLE D	BAKULA, GUILLERMO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKULA, GUILLERMO	NAME	400137250374
STREET ADDRESS	9100 S. DADELAND BLVD. #905	STREET ADDRESS	10/24/08--01023--005 **150.00
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: Oct 20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR