

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000061302					
1. Entity Name VITA SALUTE NUTRITION, INC.					
Principal Place of Business 5770 NW 72 AVE STE 103 MIAMI, FL 33166 US			Mailing Address 5770 NW 72 AVE STE 103 MIAMI, FL 33166 US		
2. Principal Place of Business 3900 NW 68 st		3. Mailing Address 7900 NW 68 st			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-0189717	
Zip 33166		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMADOR, PEDRO SR. 9580 NW 77TH AVE STE B-11 HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name: OMAR CONTRERAS Street Address (P.O. Box Number is Not Acceptable): 5123 NW 114 PLCE City: Doral FL Zip Code: 33178		
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: <i>[Signature]</i>				DATE: Nov 16 2004	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CONTRERAS, OMAR SR.		TITLE D	NAME Contreras, Omar	
STREET ADDRESS 5141 NW 114 CT	CITY-ST-ZIP MIAMI, FL 33178		STREET ADDRESS 5123 NW 114 PL	CITY-ST-ZIP Doral, FL 33178	
TITLE VP	NAME RUIZ, EDGAR R SR.		TITLE 	NAME 	
STREET ADDRESS 5141 NW 114 CT	CITY-ST-ZIP MIAMI, FL 33178		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME RUIZ, IRAIDA B		TITLE 	NAME 	
STREET ADDRESS 5141 NW 114 CT	CITY-ST-ZIP MIAMI, FL 33178		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME CONTRERAS, MORELLA		TITLE D	NAME Contreras, MORELL	
STREET ADDRESS 5141 NW 114 CT	CITY-ST-ZIP MIAMI, FL 33178		STREET ADDRESS 5123 NW 114 PL	CITY-ST-ZIP Doral, FL 33178	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			DATE: Nov 16 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305-418-9508 / 786-3993035		

FILED

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SECRETARY OF STATE
04/26/04 90454 035 180.00

Vita Salute Nutrition, Inc.
6750 NW 79th Ave.
Miami, FL 33166

Division of Corporation
Reinstatement.
P.O.Box 6327
Tallahassee, FL 32314

Nov. 16, 2004

Ref. Doc. P03000061302

Dear Sir/Madam

As instructed, the present letter is to request the reinstatement of Vita Salute Nutrition Inc, Document # P03000061302, registered under the State of Florida, with no penalty due to the fact that The Report was filed on time and check paid and cashed on the month of April.

We have been informed that a correspondence requesting a correction on the Form was mailed to us on May the 3rd of 2004, to an incorrect address.

I would appreciate your understanding and quick action to resolve this matter.

Thank you


Omar Contreras
President

ATTACH: COPY of REINSTATEMENT form