2007 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H07000221744 3)))

REINSTATEMENT 09-07

DOCUMENT # P05000095915

1. Entry Name
NUTRIONE CORPORATION

Principal Place of Business	Mailing Address
10151 UNIVERSITY BLVD - STE 120 ORLANDO, FL 32817	10151 UNIVERSITY BLVD - STE 120 ORLANDO, FL 32817

05042007 REIN-P CR2E088 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
413 CHURCHILL AVE N.	413 CHURCHILL AVE N.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: OTTAWA, ONTARIO	City & State: OTTAWA, ONTARIO
Zip: K1Z 5C7 Country: CANADA	Zip: K1Z 5C7 Country: CANADA

4. FEI Number: 74-3230293 ☐ Applied For ☐ Not Applicable

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
	Name: ~~CORPORATION~~ CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST. City: TALLAHASSEE FL Zip Code: 32301

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: Heather Chapman Heather Chapman as its agent 6/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $600.00

10. OFFICERS AND DIRECTORS			11. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN, DAVID 10151 UNIVERSITY BLVD - STE 120 ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT IAN MORRICE 413 CHURCHILL AVE NORTH OTTAWA, ONTARIO, CANADA, K1Z 5C7 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN, SECRETARY NICOLAS MATOSSIAN 413 CHURCHILL AVE NORTH OTTAWA, ONTARIO, CANADA, K1Z 5C7 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DON PATERSON 413 CHURCHILL AVE NORTH OTTAWA, ONTARIO, CANADA, K1Z 5C7 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROBERT HARRISON 413 CHURCHILL AVE NORTH OTTAWA, ONTARIO, CANADA, K1Z 5C7 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Nicholas Matossian 6/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2352

Florida Department of State

Division of Corporations
Public Access System

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From:
Account Name : CORPORATION SERVICE COMPANY
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CORPORATION REINSTATEMENT

NUTRIONE CORPORATION

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Susie 8/29/56 212935

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