2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000107711

Entity Name: SMART NUTRITION, INC

GONZALEZ, BILZANIA

PEMBROKE PINES, FL 33028

13041 NW 1 ST

Name:

Address:

City-St-Zip:

FILED Feb 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
13041 NW	/ 1 ST				
203 PEMBRO	KE PINES, FL 33028	3 US			
Current Mailing Address:			New Mailing Address:		
13041 NW	/ 1 ST				
203 PEMBRO	KE PINES, FL 33028	3 US			
FEI Number	: FEI	Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
BLANCO, 13041 NW 203 PEMBRO		3 US			
	e named entity submi e of Florida.	ts this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: MIROSIS BLAN	ICO			
Electronic Signature of Registered Agent			ent	Date	
	ice with s. 607.193(2)(b) mpaign Financing Trust	, F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete GONZALEZ POLANCO 13041 NW 1 ST PEMBROKE PINES, F), JUAN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S, V () Delete SOSA GONZALEZ, BE 13041 NW 1 ST PEMBROKE PINES, F	ERIOSKA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete BLANCO, MIROSIS 13041 NW 1 ST PEMBROKE PINES, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V () Delete	:	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MIROSIS BLANCO V 02/20/2009