

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000068553

**FILED**  
**May 18, 2012**  
**Secretary of State**

**Entity Name:** MAD MUSCLE NUTRITION, INC.

**Current Principal Place of Business:**

391 SW LACROIX AVENUE  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

391 SW LACROIX AVENUE  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 27-3417571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, RAFAEL  
391 SW LACROIX AVENUE  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** RAFAEL GONZALEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** GONZALEZ, RAFAEL  
**Address:** 391 SW LACROIX AVENUE  
**City-St-Zip:** PORT ST. LUCIE, FL 34953 US

**Title:** T, S  
**Name:** GONZALEZ, RAFAEL  
**Address:** 391 SW LACROIX AVENUE  
**City-St-Zip:** PORT ST. LUCIE, FL 34953 US

I hereby 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 all other like empowered.

**SIGNATURE:** RAFAEL GONZALEZ

PRES

05/18/2012

Electronic Signature of Signing Officer or Director

Date