


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2004 ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>89 30000 15965</u>			
1. Corporation Name MET NUTRITIONAL CORP. MET NUTRITIONAL CENTER INC.			
2. Principal Office Address 5800 JOG Rd.		3. Mailing Office Address 5800 JOG Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH, FL.		City & State LAKE WORTH, FL.	
Zip 33467	Country U.S.A.	Zip 33467	Country U.S.A.

FILED

04 AUG 12 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900039357409
07/21/04--01005--004 **150.00

4. Date Incorporated or Qualified To Do Business in Florida 1993	
5. FEI Number 65-0404012	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name EVIS S. LOIS		
Street Address (P.O. Box Number is Not Acceptable) 7138 LAKE ISLAND DR.		
Suite, Apt. #, Etc.		
City LAKE WORTH, FL.	State FL	Zip Code 33467

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent EVIS S. LOIS

Date 7/11/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MARDA A. LOIS P	7138 LAKE ISLAND DR.	LAKE WORTH, FL. 33467
VICE PRES	EVIS S. LOIS - VR	SAME AS ABOVE	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: EVIS S. LOIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/04

Date

561-933-2870

Daytime Phone #

CR2E081 (01/04)