

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
96 NOV 12 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # M300051706**  
  
Laron Nutrition Corporation  
5438 North University Drive  
Lauderhill, FL 33351

2. If Address of Corporation has been changed in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

**REINSTATEMENT** *9/10*

3. Date Incorporated or Qualified To Do Business in Florida

08/17/93

4. FEI Number

65-0431107

FEI Number Applied For

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City and State
P	Larry Caplan	5438 North University Dr.	Lauderhill, FL 33351
COB	Ronald Horowitz	5438 North University Dr.	Lauderhill, FL 33351

000002000700  
11/19/96-01162-007  
0000375.00 0000375.00

*[Signature]*

7. Name and Address of Current Registered Agent

Ronald Horowitz  
5438 North University Drive  
Lauderhill, FL 33351

8. Name and Address of New Registered Agent (Other Officer)

Name \_\_\_\_\_

Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_

Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_

City and State \_\_\_\_\_ FL \_\_\_\_\_

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0006, F.S.

Signature of Registered Agent

*[Signature: Ronald Horowitz]*

REGISTERED AGENT BY SIGN

Date 11/1/96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box:  (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 of F.S. I further certify that when this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0003 or 617.0001, F.S., and that all fees owed by the corporation have been paid. 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 of Officer or Director

*[Signature: Ronald Horowitz]*

Date Nov 4, 1996

Daytime Phone # 212-916-4059

Typed or printed name of signing officer or director

Ronald Horowitz