

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000003050

1. Corporation Name METLIE NUTRITION CORPORATION 6641 BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437

2. Principal Office Address SAME AS ABOVE

3. Mailing Office Address G.N.C. 6641 BOYNTON BEACH BLVD BOYNTON BEACH, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State BOYNTON BEACH, FL

Zip Country

Zip Country 33437 USA

4. Date incorporated or Qualified To Do Business in Florida 11/5/94 5. FEI Number 650459878 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED [X] \$375 Additional Fee required for a Certificate of Status

REINSTATEMENT 9804

7. Name and Address of Current Registered Agent

Name MAGDA A LOIS 300023710753 10/10/03--01053--018 **\$00.00 Street Address (P.O. Box Number is Not Acceptable) 7138 LAKE ISLAND DR 300023710753 10/10/03--01053--019 **\$8.75 Suite, Apt. #, Etc. City LAKE WORTH, 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 [Signature] Date 10/8/03 REGISTERED AGENT MUST SIGN

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: Pres, EVIS S. LOIS, 7138 LAKE ISLAND DR, LAKE WORTH, FL 33467. Includes FEI Number 300023710753 and date 07/20/04--01009--008 **\$741.25.

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] 10/8/03 561-725-9510 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)