

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 DEC 12 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022901

1 Corporation Name

BISCAYNE NUTRITIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

1820 GEORGIA HIGHWAY 20
SUITE 142, HUNTING CREEK PLAZA
CONYERS GA 30208

1820 GEORGIA HIGHWAY 20
SUITE 142, HUNTING CREEK PLAZA
CONYERS GA 30208

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/20/1995	
City & State		City & State		5. FEI Number	
Zip		Country		38-2174654	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	



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

1 Title(s)	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 / State / Zip
D	O'BRIEN, DOROTHY C	631 WARREN LANE	KEY BISCAYNE FL 33149
D	O'BRIEN, TIMOTHY G	2810 QUEEN ANNE COURT	DUNWOODY GA 30350

300002025583--7
-12/20/96--01108--012
****375.00 ****375.00

REINSTATEMENT

*checked
12/12/96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
O'BRIEN, DOROTHY C 631 WARREN LANE KEY BISCAYNE FL 33149		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Dorothy C. O'Brien Date 11-29-96
REGISTERED AGENT MUST SIGN

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 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)(l), 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: Dorothy C. O'Brien Date 11-29-96 Daytime Phone # (305) 669-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (7/96)