

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99AR
CORPORATION
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

99 JUL -6 PM 1:33

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

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SUITE 142, HUNTING CREEK PLAZA
CONYERS GA 30208

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

REINSTATEMENT 98-99AR

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		58-2174654	
				Applied For	
				Not Applicable	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	O'BRIEN, DOROTHY C	631 WARREN LANE	KEY BISCAYNE FL 33149
D	O'BRIEN, TIMOTHY G	2810 QUEEN ANNE COURT 950 LAKE DRIVE K	DUNWOODY GA 30330 Lithonia GA. 30058
			200002930362--3 -07/13/99-01072-005 ****900.00 ****900.00

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 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 O'Brien Date 6-29-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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. and 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: [Signature] Date 6-29-99 Daytime Phone # 770 602 1696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)