PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	(2) Est (-1,41,45)		DEPART Secretary SION OF CO	of St	tate	ATE		07	FIL.	ED AM 7:55	
DOCUMENT # P97000086473 1. Corporation Name								SECRLIARY OF STATE TALLAHASSEE, FLORIDA				
BROWARD MALL NUTRITION CENTER, INC.											_	- N1
2. Principal Office Address · No P.O. Box # 3. Mailing Office Address								REINSTATEMENT 02-0				
6582	6582 N	N. STATE ROAD 7			CR2E081 (1/07)							
Suite, Apt. #	‡, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				4. Date Incorporated or Qualified					
City & State City &								To Do Business in Florida 10/06/199/				
COCONUT CREEK, FL					CREEK, FL		650786018 Applied For Not Applicable			1		
^z 3307)73 BROWARD		^{zip} 33073		BR			6. CERTIFICATE	OF STATUS DESIRE		ditional Fee required ertificate of Status	
7. Name and Address of Current Registered Agent												
SOUTH FLORIDA TAX							The reinstatement fee is imposed, except in circumstances which the entity did not receive					
5001"5". UNIVERSITY DRIVE							the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
SUITE B												
DAVIE State 33328												
8. It 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 REGISTERED AGENT MUST SIGN								Date 12/24/2007				ĺ
Q Names	and Street A	ddresses of Each Officer and	-			oratione must	lict at lo	aget 3 directore)			-	
Titles	and Sueer A	Street Address of Each Officer and/or Director				h	City / State / Zip			1		
D	BERNARDO YIBIRIN			6582 N. STATE F				D 7 COCONUT CREEK, FL 3307				
D	ROSARIO YIBIRIN			6582 N. STATE F			ROAD 7	COCONUT CREEK, FL 33073			. j	
D	SERGIO YIBIRIN			6582	2 N.	STAT	ΈF	ROAD 7	COCONU	Γ CREEK,	FL 33073	}
D	GINETH YIBIRIN			6582 N. STATE F			ROAD 7	COCONUT CREEK, FL 33073				
								20 12/2)	0 0113 7/0701019	42989 9014 *	52 *1500.00	
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 filling 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 contained in Chapter 119, 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** **DATURE** **D												

20,12/28