

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000033776
1. Corporation Name DAILY*E, INC.

Principal Place of Business 2149 REGENT'S BLVD. WEST PALM BEACH FL 33409	Mailing Address 2149 REGENT'S BLVD. WEST PALM BEACH FL 33409
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 04/09/1999	
5. FEI Number 65-0914245	Applied For <input type="checkbox"/> 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	MOMENI, EDDIE	2149 REGENT'S BLVD.	WEST PALM BEACH FL 33409

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MOMENI, EDDIE 2149 REGENT'S BLVD. WEST PALM BEACH FL 33409	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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	Date 10-17-01
REGISTERED AGENT MUST SIGN	

11. 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:	Date 10-17-01
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 5:00



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****150.00 ****150.00

[Handwritten signature]

CR2E040 (8/01)

Momeni International Group, Inc.

Your Connection To The World Market

Post Office Box 51
West Palm Beach, FL 33402
Tel: 561-471-9990
Fax: 561-686-8726

Wednesday, October 17, 2001

Document # P99000033776

To Whom It May Concern:

We just received our forms from division of corporation and as we explained it over the phone this is the first notice we have on our both companies. Please accept our application and if you have any question please contact me at 561-471-9990 .

Respectfully yours

Eddie Momeni

President

Coming soon

Swissdiets.com swissvitamins.com swisshgh.com