PLEASE READ	ALL INSTRUCTIO	NS BEFORE C	OMPLETIN	G THIS FORM.		
APPLICATION TOPOCHER FOR A PRINCIPLE A PRI	FLORIDA DEPART Sandra B. Secretary	MENT OF STATE Mortham of State		APPROV AND FILED		
DOCUMENT #577878		ION OF CORPORATIONS		1997 APR -1 PM 3: 42		
1. Corporation Name  Southbranch Corporation			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 7200 US Hwy 19 N. #114 General Nutriti Pinellas Park FL 33781 Southbrunch Corp 7200 US Hwy 19 Pinellas Park FL		oucation 9 N # 114 _ 33781				
If above addresses are incorrect in any way, line through incorrect information and enter  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If			Date Incorporat     To Do Business	in Clarida		
Suite, Apt #, etc.	Suite, Apt. #, etc.	#, etc.		5. FEI Number Applied For		
City & State	City & State		<u>59-31</u>	86420	Not Applicable	
Zip Country		Country	CERTIFICATE OF	STATUS DESIRED S8.7	5 Additional Fee required or a Certificale of Status	
Names and Street Addresses of Each Officer and     Name of Officers	/or Director (Florida nonprofit o	Street Address of Each				
Title(s) 2 and/or Directors Pres Nadia Farneski		3 (Do NOT Use Post Office Box) 14810 Rue-De-Bayenne		City/Sta Clearwater FZ		
			401	0002131 -04/02/970 ***1253.75		
Name and Address of Current Registered Agent			REINSTATEMENT  9. Name and Address of New Registered Agent			
Richard B. Farneski Sc	Name					
7200 US Hwy 19 N #1 Pinellas Park FL 3378	Street Address (P Suite, Apt. #, Etc.	City State Zip Code				
10. I, being appointed the registered agent of the abo	ove named corporation, am famil	liar with and accept the ob	ligations of Section 6	07.0505, F.S.		
Signature of Registered Agent Kuhad S.	tarneshi	en en		Date 3/29/	97	
<ol> <li>Does this corporation pay a Dept. of Revenue under S.</li> </ol>			<u>√</u> № □	(See other side on intang		
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissolved by the corporation have been paid and the on this application is true and accurate, and my significant or the receipt of the re	plution has been eliminated, the names of individuals listed on th	corporate name satisfies t is form do not qualify for a	he requirements of se in exemption under s	ection 607 0401 oz 617 040	14 ES that all food	
SIGNATURE: SIGNATURE AND TYPED OR PRI	Ornest- NTED NAME OF SIGNING OFFICER	G OR DIRECTOR	3/24		537-7687 lime Phone #	