
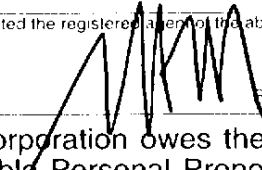



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>U34911</u>		SEARCHED INDEXED SERIALIZED FILED SEP 12 1999 FBI - TAMPA	
1. Corporation Name <b>GET HEALTHY INTERNATIONAL CORP.</b>			
Principal Place of Business <b>931 N. S.R. 434 #1275 ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>SAME</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>05/12/1992</b>		5. FEI Number <b>59-3133453</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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
1	2	3	4
<b>D</b>	<b>NANCY MITCHELL</b>	<b>931 N. S.R. 434 #1275</b>	<b>ALTAMONTE SPRINGS FL 32714</b>
8. Name and Address of Current Registered Agent <b>NANCY MITCHELL 931 N. S.R. 434 #1275 ALTAMONTE SPRINGS, FL 32714</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City State Zip Code <b>FL</b>	
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  REGISTERED AGENT MUST SIGN		Date <b>5-11-99</b>	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>		(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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-18-99</b> 407 869 6642 Daytime Phone #	