

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # 644542

1. Corporation Name

THE NATURAL FOOD STORE, INC.

Principal Place of Business

Mailing Address

9455 S. DIXIE HIGHWAY
MIAMI FL 33156

9455 S. DIXIE HIGHWAY
MIAMI FL 33156



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

4. Date Incorporated or Qualified To Do Business in Florida

11/01/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1950528

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$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
CEO	MALING, KEITH	9455 S. DIXIE HWY.	MIAMI FL 33156
Vice President	HEALD, BETSEY	9455 S. DIXIE HWY.	MIAMI, FL 33156

600008630056
10/28/02--01104--010 **150.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALING, KEITH
9455 S. DIXIE HWY
MIAMI FL 33156

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-02

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:

[Handwritten Signature] BETSEY HEALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-23-02

Daytime Phone # 305-666-3514

CR2E040 (8/02)

10/23/02

Jim Smith
Secretary Of State
PO Box 6327
Tallahassee, FL 32314

RE: FEI #59-1950528

Dear Jim Smith:

Enclosed is our Application for Reinstatement and our check for the filing fee of \$150.00. We ask that you waive the reinstatement fee as we did not receive the two prior uniform business report (UBR) notices.

Sincerely,



Betsey Heald
Vice President / Director