

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 APR -5 AM 9:17 DEPT. OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 675175 1. Corporation Name Mother Nature's Pantry PGA, Inc					
2. Principal Office Address - No P.O. Box # 4513 PGA Blvd Suite, Apt. #, etc.		3. Mailing Office Address 4513 PGA Blvd Suite, Apt. #, etc.		REINSTATEMENT 05-07 CR2E081 (1/07)	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL			
Zip 33418	Country USA	Zip 33418	Country USA		
7. Name and Address of Current Registered Agent Name Frank B Dalto Street Address (P.O. Box Number is Not Acceptable) 4513 PGA Blvd Suite, Apt. #, Etc. City Palm Beach Gardens State FL Zip Code 33418				4. Date Incorporated or Qualified To Do Business in Florida 9/1/1980 5. FEI Number 59-2021807 Applied For ☐ Not Applicable ☐ 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required (Go to Certificate of Status)	
8. I, 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 <u>Frank B. Dalto</u> Date <u>4-4-07</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PST	Frank B Dalto	4513 PGA Blvd	Palm Beach Gardens, FL 33418		
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 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 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: <u>Frank B. Dalto</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-4-07</u> Daytime Phone #	

626-4461