

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 05, 2008
Secretary of State**

DOCUMENT# N03000003043

Entity Name: THE NATIONAL INSTITUTE FOR HEALTHFUL LIVING, INC.

Current Principal Place of Business:

2301 22ND STREET SOUTH
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13681
ST. PETERSBURG, FL 33733 US

New Mailing Address:

PO BOX 531771
ST. PETERSBURG, FL 33747 US

FEI Number: 20-0026200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIES, JEAN M
2301 22ND STREET SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEAN M. DAVIES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: DAVIES, JOI B
Address: PO BOX 531771
City-St-Zip: ST. PETERSBURG, FL 33747 US

Title: D () Delete
Name: DAVIES, MARVIN
Address: 2301 22ND STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: DP () Delete
Name: DAVIES, JEAN M
Address: PO BOX 13681
City-St-Zip: ST. PETERSBURG, FL 33733

Title: D () Delete
Name: ANDERSON, ROBYN C
Address: 3525 DEVON CHASE ROAD
City-St-Zip: ATLANTA, GA 30349

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOI B. DAVIES

Electronic Signature of Signing Officer or Director

MS.

11/05/2008

Date