

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUN -6 AM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028888 1. Entity Name AN APPLE A DAY..., INC.			
Principal Place of Business 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202		Mailing Address 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5459 CRUZ RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. JACK 121	
City & State		City & State JACKSONVILLE - FL	
Zip		Zip 32207	
Country		Country DUVAL	
4. FEI Number 59-2820169		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENNINGTON, MARK G ESQUIRE 1 INDEPENDENT DRIVE, #1700 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
8. The above named entity permits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u><i>Mark G Esquire Pennington</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <u><i>June 1, 2007</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLAVIC, ELMIR 5459 CRUZ ROAD JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 50010396975 06/06/07--01018--004 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SLAVIC, JASMIN 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SLAVIC, SENIJA 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAVIC, NAIL 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Elmir Slavic</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u><i>5/4/07</i></u> Daytime Phone #: <u><i>9048383134</i></u>	