## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  | RPORATI<br>NSTATEM   |             |  |                                      | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |                                  |   |  | 14 APR NY AMIO: 29   |                          |                              |  |
|--|--|-------------|--|--------------------------------------|---|----------------------------------|---|--|--|--------------------------|------------------------------|--|
| DOCUMENT # P02000012835  1. Corporation Name   |  |             |  |                                      |   |                                  |   | FALLAHASSEE, FLORIDA   |  |                          |                              |  |
| Best Health Inc  |  |             |  |                                      |   |                                  |   |  |  |                          |                              |  |
| 9 Eastman Street 9 Ea  |  |             |  | 9 Eastr                              | Mailing Office Address Eastman Street  Jité, Apt. #, etc.               |                                  |   |  | CR2E081 (11/J  | 10)                      |                              |  |
|  |  |             |  |                                      | ·   |                                  |   | Date Incorporated or Qualified     O1730/2002 in Florida                                   |  |                          |                              |  |
| Cranford, NJ   |  |             |  | Cranford, NJ                         |   |                                  |   | 5. FEI Numb  |  |                          |                              |  |
| 07016  | 016 US   |             | 07016  | US                                   |   | у                                | 6. CERTIFICA                                    | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of State |  |                          |                              |  |
|  |  | 7. Nar      | ne and Address o                                 | f Current Reg                        | Istered Age   | nt                               |   |  |  |                          |                              |  |
| ECFO Corp  |  |             |  |                                      |   |                                  |   |  |  |                          |                              |  |
| Street Address (P.O. Box Number is Not Acceptable) 307 Springview Drive  |  |             |  |                                      |   |                                  |   | 1  |  |                          |                              |  |
| Suite, Apt. #, Etc.  |  |             |  |                                      |   |                                  |   | 2!   | 00259015   | 032                      | )<br>250 as                  |  |
| City   State   Zip Code  |  |             |  |                                      |   |                                  |   | U4/14  | 4/1401058016   | ) **I                    | 350.00                       |  |
| Sanford State FL 32773   |  |             |  |                                      |   |                                  |   |  |  |                          |                              |  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN |  |             |  |                                      |   |                                  |   | Date   |  |                          |                              |  |
| 9. Name  | s and Street Ad  | dresses     | of Each Officer and                              | Vor Director (F                      | lorida nonpro   | nit corpo                        | rations must list at le                         | est 3 directors)   |  | -                        |                              |  |
| Titles   | Name of Street Address of Eac<br>Officers and/or Directors Officer and/or Direct |             |  |                                      |   |                                  | 1   | City / Sta   | ate / Zip  |                          |                              |  |
| P/S  | Anthony Zazzarino  |             |  | 0                                    | 9 Eastman Stree   |                                  |   |  | Cranford, NJ 07016   |                          |                              |  |
|  |  |             |  |                                      |   |                                  |   | ·  |  |                          |                              |  |
|  |  |             |  |                                      |   |                                  |   |  |  |                          |                              |  |
|  | REINSTATEMENT  |             |  |                                      |   |                                  |   | S. HAWKES  |  |                          |                              |  |
|  | 2010 -2014   |             |  |                                      |   |                                  | ,   |  |  | MAY -8 A.M.              |                              |  |
|  |  |             | <del>-                                    </del> |                                      |   | <del></del>                      |   |  | EXAMIN   | IER                      |                              |  |
| E-mai  | il Address   | . Bes       | STHEAMNEM  | all@gma                              |   |                                  |   | antification!  |  |                          |                              |  |
| reinstate owed by  | ment application the corporation   | in, the rea | ason for dissolution<br>en paid. I further o     | has been elimentify, the information | npowered to<br>ninated, the co<br>mation indicat                        | execute<br>orporate<br>ted on th | name satisfies the re<br>is application is true | rovided for in chap<br>equirements of se-<br>and accurate, and                             | oter 607 or 617, F.S. I further certif<br>ction 607.0401 or 617.0401, i<br>d my signature shall have the<br>egree felony as provided for i | F.S., and the same legal | hat all fees<br>al effect as |  |

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Priorie i

SIGNATURE: