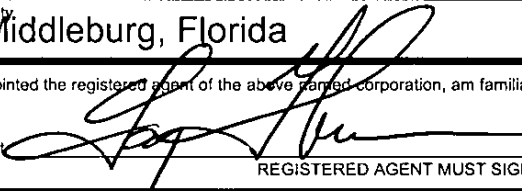
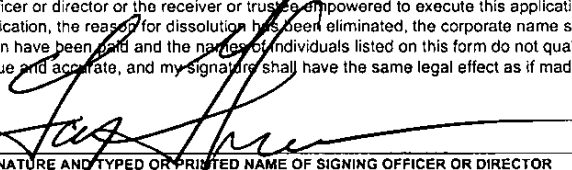


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 MAR 14 PM 2:07 S.E. T.A.T.	
DOCUMENT # 1. Corporation Name Executive Health Food Services, Inc. Document No.: P03000096668					
2. Principal Office Address 1921 St. George Ct. Suite, Apt. #, etc. N/A City & State Middleburg, Florida Zip 32068		3. Mailing Office Address 1921 St. George Ct. Suite, Apt. #, etc. N/A City & State Middleburg, Florida Zip 32068		600068109926 03/20/06--01024--023 **1058.75 CR2E081 (12/05)	
				4. Date Incorporated or Qualified To Do Business in Florida August 29, 2003	
				5. FFI Number 80-0127806 ☐ Applied For ☐ Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Larry Grosshans					
Street Address (P.O. Box Number is Not Acceptable) 1921 St. George Ct.					
Suite, Apt. #, Etc. N/A					
City Middleburg, Florida					
State FL					
Zip Code 32068					
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  Date <u>2/15/06</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		
D/P/V/T	Larry Grosshans	1921 St. George Ct.	Middleburg, Florida 32068		
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>2/15/06</u> (904) 215-9143					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					