PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DOCUMENT #

1. Corporation Name

Executive Health Food Services, Inc. Document No.: P03000096668

600068109926
03/20/06--01024--023 **1058.75

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
1921 St. George Ct.		1921 St. George Ct.	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Middleburg, Florida		City & State Middleburg, Florida	
Zip 32068	Country United States	Zip 32068	Country United States

4. Date Incorporated or Qualified To Do Business in Florida August 29, 2003

5. FEI 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

B 3/16/06
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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 2/15/06

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: _____ 2/15/06 (904) 215-9143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #