2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2006
Secretary of State

DOCUMENT# F05000005467

Entity Name: NAKED JUICE CO. HOLDINGS, INC.

Current Principal Place of Business:

935 WEST 8TH STREET
AZUSA, CA 91702

New Principal Place of Business:

Current Mailing Address:

935 WEST 8TH STREET
AZUSA, CA 91702

New Mailing Address:

FEI Number: 23-1694834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303 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: ERIC WOLZ, ASSISTANT SECRETARY

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: SHARMA, MONTY
Address: 935 WEST 8TH STREET
City-St-Zip: AZUSA, CA 91702

Title: S ( ) Delete
Name: RUTH, MARC D
Address: 935 WEST 8TH STREET
City-St-Zip: AZUSA, CA 91702

Title: TVP ( ) Delete
Name: KELLEHER, JOHN
Address: 935 WEST 8TH STREET
City-St-Zip: AZUSA, CA 91702

Title: VP ( ) Delete
Name: HICKS, THOMAS
Address: 935 WEST 8TH STREET
City-St-Zip: AZUSA, CA 91702

Title: VP (X) Delete
Name: BODIFORD, DAVID K
Address: 935 WEST 8TH STREET
City-St-Zip: AZUSA, CA 91702

Title: VP ( ) Delete
Name: NICASTRO, LORENZO
Address: 935 WEST 8TH STREET
City-St-Zip: AZUSA, CA 91702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: MARINACCIO, LOUIS
Address: 183 EAST PUTNAM AVENUE
City-St-Zip: GREENWICH, CT 06830

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HICKS VP 10/24/2006

Electronic Signature of Signing Officer or Director — Date