

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Bram
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 26 PM 2:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 587362

1197-25778

1. Corporation Name

Martha's Natural Food Market, Inc., Naples

Principal Place of Business

Mailing Address

9118 Bonita Beach Road
Bonita Beach, FL 34135

REINSTATEMENT

95-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10-1-78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1857485

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Martha K. Cross	27140 Lavinka Street	Bonita Springs, FL 34135

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-12/02/97--01103--005
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

Martha K. Cross
27140 Lavinka Street
Bonita Springs, FL 34135

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Martha K. Cross

REGISTERED AGENT MUST SIGN

Date

11-24-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Martha K. Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-97

Date

949925838

Daytime Phone #

CR25040 (1/2/96)