

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -2 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Mother Nature's Pantry, PGA, Inc.

2. Principal Office Address

4513 PGA Blvd.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, Fl.

Zip

33418

Country

Palm Beach

3. Mailing Office Address

4513 PGA Blvd.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, Fl.

Zip

33418

Country

Palm Beach

4. Date Incorporated or Qualified

To Do Business in Florida 06/26/1980

5. FEI Number

592021807

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

Frank B. Dalto

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

4513 P.G.A. Blvd.

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Frank B. Dalto

REGISTERED AGENT MUST SIGN

Date 3/29/01

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
Pres. Sect. Tr.	Frank B. Dalto	4513 PGA Blvd.	Palm Beach Gardens, Fl. 33418.

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank B. Dalto

Date

3/29/01

Daytime Phone #

CR2E081 (9/00)