

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 OCT -1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F99000004782*

1. Corporation Name

THE HEALTHY EDGE, INC.

RB

100024255841
10/23/03--01065--005 **758.75

REINSTATEMENT 2003

2. Principal Office Address

7405 Irvington Road

3. Mailing Office Address

7405 Irvington Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Omaha, NE

City & State

Omaha, NE

Zip

68122

Country

Douglas

Zip

68122

Country

Douglas

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2000

5. FEI Number

86-0266249

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

CT Corporation System

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

1200 South Pine Island, Road

Suite, Apt. #; Etc.

City

Plantation

State

FL

Zip Code

33324

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

Christine M. Eastwin

Christine M. Eastwin
Assistant Secretary

Date

9/30/03

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
C/D	William R. Hoppner	6606 South 34th	Lincoln, NE 68516
P/D	Eric J. Hinkfent	7807 E 51st Street	Tulsa, OK 74145
T/S/D	Michael D. James	7405 Irvington Road	Omaha, NE 68122

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 filling 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:

Michael D. James, Treas & Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/03

Daytime Phone #

402-331-3787

Michael D. James

CR2E081 (10/02)