

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000001455

FILED
Sep 20, 2006
Secretary of State

Entity Name: NATURE COAST RESTAURANTS INC.

Current Principal Place of Business:

7431 SUNCOAST BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

7431 SUNCOAST BLVD
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-3291877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOCASTRO, EMMA D
7431 SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

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: EMMA LOCASTRO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOUGH, HAYWARD
Address: 7431 SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: HUGHES, DAVID
Address: 7431 SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL

Title: STD () Delete
Name: LOCASTRO, EMMA D
Address: 7431 SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446

Title: M () Delete
Name: PERTERSON, RAY
Address: 7431 SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: HAYWARD HOUGH

PD

09/20/2006

Electronic Signature of Signing Officer or Director

Date