2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000001455

Entity Name: NATURE COAST RESTAURANTS INC.

FILED Oct 07, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7431 SUNCOAST BLVD HOMOSASSA, FL 34446

Current Mailing Address: New Mailing Address:

7431 SUNCOAST BLVD 9636 N. QUARRY DRIVE HOMOSASSA, FL 34446 CITRUS SPRINGS, FL 34434

FEI Number: 59-3291877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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 EL 24446 LIS GERBINOS EL 24434 LIS

HOMOSASSA, FL 34446 US CITRUS SPRINGS, FL 34434 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: HAYWARD HOUGH 10/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition

 Name:
 HOUGH, HAYWARD
 Name:
 HOUGH, HAYWARD

 Address:
 7431 SUNCOAST BLVD.
 Address:
 7431 SUNCOAST BLVD.

 City-St-Zip:
 HOMOSASSA, FL 34446
 City-St-Zip:
 HOMOSASSA, FL 34446

Title: VD () Delete Title: () Change () Addition

 Name:
 HUGHES, DAVID
 Name:

 Address:
 7431 SUNCOAST BLVD.
 Address:

 City-St-Zip:
 HOMOSASSA, FL
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 LOCASTRO, EMMA D
 Name:

 Address:
 7431 SUNCOAST BLVD.
 Address:

 City-St-Zip:
 HOMOSASSA, FL 34446
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PRES 10/07/2008