2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003846

Entity Name: CREATIVE JUICES OF LAKE COUNTY, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2301 SOUTH ST. 220 N 13TH ST

LEESBURG, FL 34748 LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

2301 SOUTH ST. 220 N 13TH ST

LEESBURG, FL 34748 LEESBURG, FL 34748

FEI Number: 59-3135904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATHENY, MIKE EDWARDS, JACOB PASTOR 2301 SOUTH ST. 220 N 13TH ST

LEESBURG, FL 34748 US LEESBURG, FL 34748 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: JACOB EDWARDS 05/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 MATHENY, MIKE
 Name:
 EDWARDS, JACOB

 Address:
 2301 SOUTH ST.
 Address:
 220 N 13TH ST

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

Title: VPD () Delete Title: () Change () Addition

 Name:
 SALAS, TONY
 Name:

 Address:
 4001 PICCIOLA RD
 Address:

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 City-St-Zip:

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 MORRISON, SUSIE
 Name:
 BITNER, MARK

 Address:
 1005 W. MAIN STREET
 Address:
 1107 GRIFFIN RD

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

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: JACOB EDWARDS D 05/01/2008