2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			FILED		
DOCUMENT # P01000028888			1 1 1	Takita Svet	
1. Entity Name AN APPLE A DAY, INC.				6 WH 7.00	
Discipal Place of Pusiness	Nacilian Address		SECRETA	RY OF STATE SSEE, FLORIDA	
Principal Place of Business 2 EAST INDEPENDENT OR, #121 JACKSONVILLE, FL 32202 Principal Place of Business Address 2 EAST INDEPENDENT JACKSONVILLE, FL 3220			TALLAHAS	SSEE'L COUIDW	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5459 CRU2		U2 RB			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E098 (1/07)	
City & State	City & State	City & State JACKSONVILLE - FL		Applied For	
Zip Country	Zip 32207	Country	59-2820169 5. Certificate of Status Desired	Not Applicable	
6. Name and Address of Curre	1	DUVAL	7. Name and Address of New Ro	Fee Required	
Name					
PENNINGTON, MARK G ESQUIRE 1 INDEPENDENT DRIVE, #1700 JACKSONVILLE, FL 32202		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		City		FL Zip Code	
8. The above named entity upmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of refistered agent. Aune 1, 200 7					
SIGNATURE What G Eggine Ferright Signature, typed or printed name 6: registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
In accordance with s. 607.193(2)(b), F.S., the					
FILE NOW!!! FEE IS \$300.00				not receive the prior notice.	
· I	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI		
TITLE DP NAME SLAVIC, ELMIR	☐ Delete	TITLE NAME	5001039	Change Addition	
STREET ADDRESS 5459 CRUZ ROAD CITY-ST-ZIP JACKSONVILLE, FL 32207		STREET ADDRESS CITY-ST-ZIP	06/06/0701018		
TITLE DV	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME SLAVIC, JASMIN STREET ADDRESS 2 EAST INDEPENDENT DR, #	1 121	NAME STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE, FL 32202	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY-ST-ZIP			
NAME SLAVIC, SENIJA	☐ Delete	TITLE NAME	·	☐ Change ☐ Addition	
STREET ADDRESS 2 EAST INDEPENDENT DR. #	‡ 121	STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE, FL 32202	□ Delete	CHY-SI-ZIP TITLE		Change Addition	
NAME SLAVIC, NAIL		NAME		C change C Accinon	
STREET ADDRESS 2 EAST INDEPENDENT DR. # CITY-ST-ZIP JACKSONVILLE, FL 32202	‡ 121	STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		C 05 C 44.00	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP 12. I hereby certify that the information supplied v	with this filing does not qualify for	the executions contains	ed in Chapter 119, Florida Statutes. I	further certify that the information	
12. Thereby certify that the information supplied with this lining does not quality for the extemplions contained in Chapter 119, Holida Statutes. I notice certify that the information indicated on this report or supplemental report is true and accurate and that my 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 en postee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE OF PRINTED NAME OF PRINTED NAME OF PICER OF DIRECTOR Date Date Daylors Proper #					

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