

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002-05 Re -

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08/09/05--01028--009 \*\*600.00

500058385245  
08/09/05--01028--008 \*\*600.00

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**  
1. Corporation Name  
Nature's Choice Enterprises, Inc.  
Documnet # P01000061216

<b>2. Principal Office Address</b> 9 Ladyfish Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 1003 Suite, Apt. #, etc.	
City & State Ponte Vedra Beach		City & State Ponte Vedra Beach	
Zip 32082	Country USA	Zip 32004	Country USA

**4. Date Incorporated or Qualified**  
To Do Business in Florida - 06/18/2001

<b>5. FEI Number</b> 59-373-4189	Applied For Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Pamala J. Hutcherson

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

Suite, Apt. #, Etc.

City  
Ponte Vedra Beach

State  
FL

Zip Code  
32082

**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 Pamala J. Hutcherson Date 8/05/05

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
P	Pamala Hutcherson	9 Ladyfish St.	Ponte Vedra Bch., FL 32082
VP	Roy L Hutcherson	9 Ladyfish St.	Ponte Vedra Bch., FL 32082

**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 filing 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: Pamala J. Hutcherson 8/5/05 904-813-1275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

\* Pam gave permission to "add officers" 8/15/05

CR2E081 (01/05)