

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000102394

Entity Name: NOURISHING WOMEN CORP.

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

18170 NW 18 ST
PEMBROKE PINES, FL 33029

New Principal Place of Business:

1040 NW 185 AVENUE
PEMBROKE PINES, FL 33029

Current Mailing Address:

18170 NW 18 ST
PEMBROKE PINES, FL 33029

New Mailing Address:

1040 NW 185 AVENUE
PEMBROKE PINES, FL 33029

FEI Number: 04-3714039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURCIANO-LUNA, LEONOR
18170 NW 18 ST
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

MURCIANO-LUNA, LEONOR
1040 NW 185 AVENUE
PEMBROKE PINES, FL 33029 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: LEONOR MURCIANO-LUNA

05/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MURCIANO-LUNA, LEONOR
Address: 18170 NW 18 ST
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURCIANO-LUNA, LEONOR
Address: 1040 NW 185 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

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

SIGNATURE: LEONOR MURCIANO-LUNA

D

05/22/2006

Electronic Signature of Signing Officer or Director

Date