

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 24 AM 9:16

DOCUMENT # P 03 0000 111 63

1. Corporation Name

NASSAU HEALTH FOODS INC

700181270537
05/24/10--01044--010 **300.00

2. Principal Office Address - No P.O. Box #

833 TJ COURSON RD

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH FL

City & State

Zip

Country

32034

NASSAU

Zip

Country

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01-23-2003

5. FEI Number

33-1042752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERNEST L BEATON

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

833 TJ COURSON RD

Suite, Apt. #, Etc.

City

FERNANDINA BEACH

State

FL

Zip Code

32034

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Ernest L Beaton
REGISTERED AGENT MUST SIGN

Date 05-14-2010

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
PRES	ERNEST L BEATON	1605 BROOME ST	FERNANDINA BEACH FL 32034

BS/25/10
REINSTATEMENT 09-10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

Ernest L Beaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-2010 (904) 321-4309
Date Daytime Phone #