## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000023272

FILED Oct 16, 2006 Secretary of State

Entity Name: BACK TO EDEN HOLISTIC & WELLNESS MANAGEMENT, INC.

Current Principal Place of Business:	New Principal Place of	Business:
5975 WEST SUNRISE BLVD		
208B SUNRISE, FL 33313 US		
Current Mailing Address:	New Mailing Address:	
PO BOX 120656 FT LAUDERDALE, FL 33312 US		
FEI Number: 05-0596263 FEI Number Applied For ( ) FEI Nu	ımber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
DYKES, PATRICIA 5975 WEST SUNRISE BLVD 208B		
SUNRISE, FL 33313 US		
The above named entity submits this statement for the purpose n the State of Florida.	of changing its registered c	office or registered agent, or both,
SIGNATURE: PATRICIA DYKES		
Electronic Signature of Registered Agent		Date
n accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution().	the prior notice.	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:
Fitle: P () Delete Name: DYKES, PATRICIA Address: 5975 WEST SUNRISE BLVD / 208B City-St-Zip: SUNRISE, FL 33313 US	Title: ( ) Name: Address: City-St-Zip:	) Change()Addition
Fitle: ( ) Delete Name: Address: City-St-Zip:	Name: WILLIAMS, ES	JNRISE BLVD / 208B

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: PATRICIA DYKES P 10/16/2006