

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000131730

Entity Name: MEDHARVEST, INC.

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

1835 BAYARD PLACE  
JACKSONVILLE, FL 32205

## **New Principal Place of Business:**

530 ELLIS ROAD SOUTH  
SUITE 202  
JACKSONVILLE, FL 32254

## **Current Mailing Address:**

1835 BAYARD PLACE  
JACKSONVILLE, FL 32205

## **New Mailing Address:**

4540 WATER OAK LANE  
JACKSONVILLE, FL 32210

FEI Number: 20-1642722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

HILL, DEBRA S  
8810 GOODBY'S EXECUTIVE DRIVE  
JACKSONVILLE, FL 32217 US

## **Name and Address of New Registered Agent:**

MOORE, MICHAEL D  
4540 WATER OAK LANE  
JACKSONVILLE, FL 32210 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: MICHAEL D. MOORE

04/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MOORE, MICHAEL D  
Address: 1835 BAYARD PLACE  
City-St-Zip: JACKSONVILLE, FL 32205

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: MOORE, MICHAEL D  
Address: 4540 WATER OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32210

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: MICHAEL D. MOORE

PSD

04/07/2006

Electronic Signature of Signing Officer or Director

Date