

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000005553

**FILED**  
**Nov 11, 2008**  
**Secretary of State**

**Entity Name:** ZION ORGANIC AT FLORIDA, INC.

**Current Principal Place of Business:**

5036 DR PHILLIPS BLVD  
SUITE 166  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5036 DR PHILLIPS BLVD  
SUITE 166  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 20-4116308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWELL, HOWARD  
5036 DR PHILLIPS BLVD  
SUITE 166  
ORLANDO, FL 32819 US

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

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: HOWATRD POWELL

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: P D ( ) Delete  
Name: POWELL, HOWARD  
Address: 5036 DR PHILLIPS BLVD SUITE 166  
City-St-Zip: ORLANDO, FL 32819 US

Title: S ( ) Delete  
Name: POWELL, KAREN  
Address: 5036 DR PHILLIPS BLVD SUITE 166  
City-St-Zip: ORLANDO, FL 32819 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HOWARD POWELL

PD

11/11/2008

Electronic Signature of Signing Officer or Director

Date