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COVER LETTER

Amendment Section Division of Corporations

. **TO**:

SUBJECT: A-Live & Healthy Living Foods Organic Eatery, Inc. (Name of Corporation) DOCUMENT NUMBER: P07000043973				
			The enclosed Articles of Correction and	fee are submitted for filing.
			Please return all correspondence concern	ing this matter to the following:
Kimberle Ann Smith				
(Name of Contact Person)	£ 42.			
A-Live & Healthy Organic (Firm/Company)	Eatery and Juice Bar, Inc			
1044 Matador Dr.				
Rockledge, fl 32955 (City/State and Zip Code)				
For further information concerning this m	natter, please call:			
Kimberle Ann Smith (Name of Contact Person)	at (3231) 960-0444 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amo	ount:			
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status			
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy			
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF CORRECTION

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for

07 APR 19 PM 2: 26

A-Live & Healthy Living Foods Organic Eatery, Inc. SECRETARY OF STATE Name of Corporation as currently filed with the Florida Dept. of State TALLAHASSEE. FLURIDA

P07000043973 Document Number (if known) Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct Articles of Incorporation (Document Type Being Corrected) filed with the Department of State on April 10, 2007 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: A-Live & Healthy Living Foods Organic Eatery, Inc filed due to typographical error Correct the inaccuracy, incorrect statement, or defect: A-Live & Healthy Organic Eatery and Juice Bar, Inc. Signature of a mector-president of claser ormer- if directory or options have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Kimberle Ann Smith

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00