

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000111073

FILED
Oct 09, 2009
Secretary of State

Entity Name: A NATURAL WAY TO GOOD HEALTH INC.

Current Principal Place of Business:

5021 MAUI CIRCLE
ORLANDO, FL 32808

New Principal Place of Business:

4353 EDGEWATER DRIVE
SUITE 3
ORLANDO, FL 32808

Current Mailing Address:

5021 MAUI CIRCLE
ORLANDO, FL 32808

New Mailing Address:

4353 EDGEWATER DRIVE
SUITE 3
ORLANDO, FL 32808

FEI Number: 26-4029483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRANTE, KATHRYN
5021 MAUI CIRCLE
ORLANDO, FL 32808 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: KATHRYN FERRANTE

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: D () Delete
Name: FERRANTE, KATHRYN
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: FERRANTE, THOMAS A
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MYERS, CINDY
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D () Change (X) Addition
Name: MYERS, DUANE
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D () Change (X) Addition
Name: FERRANTE, THOMAS
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

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: KATHRYN FERRANTE

PRES

10/09/2009

Electronic Signature of Signing Officer or Director

Date