PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR 18 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p 13000096873

1. Corporation Name

F.H.G. Holdings, Inc.

REINSTATEMENT

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3005 Parkfield Loop South	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, TN	City & State
Zip: 37414 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/4/2013

5. FEI Number: 46-4247171 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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03/18/15--01002--029 **908.7

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Gwendolyn Andrews Date: 3/17/15
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Dir	Timothy Romero	3005 Parkfield Loop South	Spring Hill, TN 37414
Sec/Treas/Dir	Dan Hershberger	3005 Parkfield Loop South	Spring Hill, TN 37414
Director	Peter Miller	3005 Parkfield Loop South	Spring Hill, TN 37414
Director	Augustin Romero	3005 Parkfield Loop South	Spring Hill, TN 37414

10. E-mail Address: peter@capstonenutrition.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: [signature] 3/16/15 720 934-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAR 18 2015
WILLIAMS

CT Corporation System 515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

F.H.G. HOLDINGS, INC. P13000096873

RECEIVED
DEPARTMENT OF STATE
15 MAR 18 PM 1:39
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

( ) Nonprofit	(X) Amendment	( ) Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	( ) Mark
() Limited Partnership	**(X) Reinstatement**	
(X) LLC	() Annual Report	(X) Other
	( ) Name Registration	
(X) Certified Copy	(X) Fictitious Name	
Reinstatement		(X) CUS
	(X) Photocopies	
(x) Walk In		( ) After 4:30
( ) Mail Out	( ) Will Wait	(x) Pick Up

Name
Availability _____ 3/18/2015 **Order#**
Document **9482251**
Examiner _____ **KM**
Updater _____ Ref#:
Verifier _____
W.P. Verifier _____ Amount: $