


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name  
**UNLIMITED HEALTH FOODS INC.**  
**P 93000064769**

2. Principal Office Address  
**4900 LINTON BLVD**

3. Mailing Office Address  
**365 GREENWOOD CT**

Suite, Apt. #, etc.  
**#3**

Suite, Apt. #, etc.

City & State  
**DEIRAY BEACH FL.**

City & State  
**VILLANOVA PA.**

Zip  
**33445**

Zip  
**19085**

4. Date Incorporated or Qualified To Do Business in Florida **9/92**

5. FEI Number **65-0436992** Applied For  Not Applicable

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 SEP 25 AM 10:49

**REINSTATEMENT 98-01**

**7. Name and Address of Current Registered Agent**

Name **ALTON FRIEDMAN**

Street Address (P.O. Box Number is Not Acceptable) **22887 ROYAL CROWN TERR**

Suite, Apt. #, Etc.

City **BOCA RATON**

State **FL** Zip Code **33433**

700004617557-9  
 -10/01/01--01030-019  
 \*\*\*1200.00 \*\*\*1200.00

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 **Alton Friedman** Date **9/15/01**

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. <sup>Ⓟ</sup> | JAY MORRIS                        | 365 GREENWOOD CT                               | VILLANOVA, PA 19085 |
| V.P. <sup>Ⓟ</sup>  | JODI MORRIS                       | 365 GREENWOOD CT                               | VILLANOVA, PA 19085 |
|                    |                                   |  |                     |
|                    |                                   |  |                     |

**JR 9/26**

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Jay Morris Pres. Jay Morris** Date **9/20/01** Daytime Phone # **610-520-6113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F081 (9/00)