

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000064769

**FILED**  
**Sep 12, 2005**  
**Secretary of State**

**Entity Name:** UNLIMITED HEALTH FOODS INC.

**Current Principal Place of Business:**

4900 LINTON BLVD.  
#3  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

7040 W. PALMETTO PK RD #6  
BOCA RATON, FL 33433

**New Mailing Address:**

1057 S WADSWORTH BLVD  
SUITE 30  
LAKEWOOD, CO 80226

FEI Number: 65-0436992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRIS, STEVEN  
6286 DUSENBERG RD  
DELRAY BEACH, FL 33445 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: STEVEN MORRIS

\_\_\_\_\_  
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 ( ) Delete  
Name: MORRIS, JAY  
Address: 3180 NW 63RD STREET  
City-St-Zip: BOCA RATON, FL 33496

Title: V ( ) Delete  
Name: MORRIS, JODI  
Address: 3180 NW 63RD STREET  
City-St-Zip: BOCA RATON, FL 33496

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

Title: P (X) Change ( ) Addition  
Name: MORRIS, JAY  
Address: 1057 S WADSWORTH BLVD #30  
City-St-Zip: LAKEWOOD, CO 80226

Title: V (X) Change ( ) Addition  
Name: MORRIS, JODI  
Address: 1057 S WADSWORTH BLVD #30  
City-St-Zip: LAKEWOOD, CO 80226

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAY MORRIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

09/12/2005

\_\_\_\_\_  
Date