

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 19 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064769

1. Corporation Name
UNLIMITED HEALTH FOODS INC

2. Principal Office Address
4900 Linton Blvd

3. Mailing Office Address
7040 W. Palmetto PK RD

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.
#6

City & State
DEIRAY BEACH, FL

City & State
BOCA RATON, FL

Zip
33441 Country
PALM BEACH

Zip
33433 Country
PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida
9/13/93

5. FEI Number
65-0436992

Applied For
Not Applicable

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

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name
STEVEN MORRIS 600024854196
11/19/03--01033--012 **758 75

Street Address (P.O. Box Number is Not Acceptable)
6286 PUSENPUEB RD

Suite, Apt. #, Etc.

City
DEIRAY BEACH State FL Zip Code 33445

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 Steven Morris Date 11/18/03
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
<u>Pres</u>	<u>Jay Morris</u>	<u>3180 NW 63rd ST</u>	<u>BOCA RATON FL 33496</u>
<u>V.P.</u>	<u>Jodi Morris</u>	<u>3180 NW. 63rd ST</u>	<u>BOCA RATON, FL 33496</u>

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 11/18/03 561-391-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)