

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

Suite, Apt. #, etc.

#3

City & State

DEIRAY BEACH, FL

Zip

33441

Country

PALM BEACH

3. Mailing Office Address

7040 W. Palmetto PK RD

Suite, Apt. #, etc.

#6

City & State

BOCA RATON, FL

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

**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 Dusenbue 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/03

Daytime Phone #

561-391-3240

CR2E081 (10/02)