

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**


FILED

2006 OCT -9 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000073814

1. Entity Name
NATURAL FOOD CORPORATION



Principal Place of Business Mailing Address
7052 BERACASA WAY 7052 BERACASA WAY
BOCA RATON, FL 33433 BOCA RATON, FL 33433

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



10052006 REIN-P CR2E098 (11/05)

4. FEI Number Applied For
65-0859799 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLER, HOWARD
557602 ARBOE CLUB WAY
BOCA RATON, FL 33433

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME BELLER, HOWARD
STREET ADDRESS 557602 ARBOR CLUB WAY
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE Change Addition
NAME **400080639564**
STREET ADDRESS **10/09/06--01045--018 ***150.00**
CITY-ST-ZIP

TITLE Delete
NAME BERRIN, ELISE
STREET ADDRESS 2530 COCO PLUM BLVD, UNIT 1002
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Howard Beller, President 10/5/06 561-350-6033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Florida #

10/10
ad