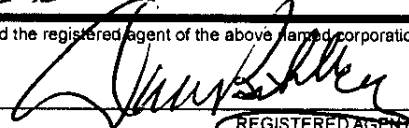
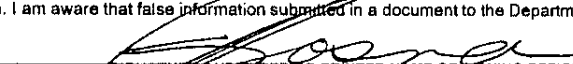


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p99 0000 32819			
1. Corporation Name HUFFMAN'S HERITAGE WHOLE FOODS, INC.			
2. Principal Office Address - No P.O. Box # 430 Kings Bay Dr		3. Mailing Office Address 430 Kings Bay Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CRYSTAL RIVER, FL		City & State CRYSTAL RIVER, FL	
Zip 34429	Country USA	Zip 34429	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 4-6-1999		5. FEI Number 65-0910283	
6. CERTIFICATE OF STATUS DESIRED YES		Applied For ☐ Not Applicable ☒	
7. Name and Address of Current Registered Agent		\$8.75 Additional Fee required for a Certificate of Status	
Name DAVID BIBBEY		800268975709 02/13/15--01021--022 **150.00 800268975709 01/30/15--01027--021 **758.75	
Street Address (P.O. Box Number is Not Acceptable) 5123 S. GRAY PELICAN WAY			
Suite, Apt. #, Etc.			
City HOMOSASSA			
State FL		Zip Code 34448	
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 		Date 1/27/15	
(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.	C. J. COSNER, CN	1073 N. RICETER	CRYSTAL RIVER, FL 34429
10. E-mail Address: HUFFMANS@NATURECOAST.NET (To be used for future annual report notification)			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: 		Date 1-27-2015	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 795-2233	