PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014-2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 FEB 19 PM 8:30

DOCUMENT # P99 0000 32819

1. Corporation Name
HUFFMAN'S HERITAGE WHOLE FOODS, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
430 KINGS BAY DR	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 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DAVID BIBBEY

Street Address (P.O. Box Number is Not Acceptable): 5123 S. GRAY PELICAN WAY

Suite, Apt. #, Etc.:

City: HOMOSASSA State: FL Zip Code: 34448

900268975709
02/19/15--01021--022 **150.00

900268975709
01/30/15--01027--021 **758.75

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: [signature] REGISTERED AGENT MUST SIGN Date: 1/27/15

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. RICE TER	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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-27-2015 Date 352-795-2233 Daytime Phone #

KASHTON