APPYOVED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	PLEASE READ	ALL INSTRUCT	IONS BEFORE	JOMPRETING TRISIFORM.	
CORPORAT REINSTATEM	ION (FLORIDA DEPAR Katherir Secretar	TMENT OF STATE ne Harris y of State corporations	02 MAR 29 PH 12: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMEN 1. Corporation Name	T # F9800000140			- TECHTOOLE, PLOMICIA	
2. Principal Office Address 3. Mailing O			ss	THE SERVICE ATTEMPTINE 1 - 2010	
3400 Matney	SH BUDD	P.O. BOX 460		REINSTATEMENT OF 1-200	
3400 McTNTOSH ROAD P.O. E Suite, Apt. #, etc. Suite, Apt. #			7700	4/	
BLDG. B-8				4. Date Incorporated or Qualified	
City & State		City & State		To Do Business in Florida 2/6/97	
1 -		FT. LAUDERDA	ALE, FL	5. FEI Number Applied For Not Applied be	
^{Zip} 33316	Country USA	^{Zip} 33346	Country USA	65-077-1095 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
		7. Name and	Address of Current Register	red Agent	
Name					
	HARJIT SINGH			<u> 50000519424</u> \$1	
	dress (P.O. Box Number is No C/O NATURE S FI		IN MATNITUSE DOM	-04/05/0201015-026 D *****908 75 ****908 75	
Suite, Ap		D ****908.75 ***** 308.75			
	BLDG. B-8				
I 1	City FT. LAUDERDALE			State Zip Code 33316	
		ve named corporation, am	familiar with and accept the o		
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 3/26/02	
	RE	GISTERED AGENT MUST	SIGN		
9. Names and Street /	Addresses of Each Officer and	l/or Director (Florida nonpre	ofit corporations must list at le	east 3 directors)	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Directo		
DIR. KULWA	NTI DEEN	45753 STANFORD COUR		T FREEMONT, CA 94539	
PRES. HARJI	HARJIT SINGH		ERHILL ROAD	WOODBRIDGE, CT 06525	
	<u> </u>				
this reinstatement a owed by the corpor	application, the reason for diss	olution has been eliminated names of individuals tisted (I, the corporate name satisfies on this form do not qualify for	provided for in chapter 607 or 617, F.S. I further certify that when filing is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated ar oath.	

3/28/02 Date 954-523-3750 Daytime Phone #

HARJIT SINGH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nature's	First.	Inc

02 MAR 29

Signature

Requested by:

Walk-In

Name

Date

Will Pick Up

Art of Inc. File_____

LTD Partnership File_____

Foreign Corp. File_

Fictitious Name File

Trade/Service Mark__

Merger File_____

Art. of Amend. File _____

RA Resignation____ Dissolution / Withdrawal____

Annual Report / Reinstatement____

Cert. Copy____

Photo Copy_____

Certificate of Good Standing

Certificate of Status_____ Certificate of Fictitious Name_____

Corp Record Search____ Officer Search_____

Fictitious Search____

Fictitious Owner Search_____

Vehicle Search_

Driving Record_____

UCC 1 or 3 File____

UCC 11 Search_____ UCC 11 Retrieval_____

Courier_