

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 NOV -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009897

1. Corporation Name
THE NATURAL MEDICINE FOUNDATION, INC

2. Principal Office Address
3808 N. TAMiami TR

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, F

City & State

Zip Country
34234 USA

Zip Country

REINSTATEMENT

CR2E081 (8/05)

05

4. Date Incorporated or Qualified To Do Business in Florida **03.01.05**

5. FEI Number **27-0124822**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Cynthia O'Donnell**

Street Address (P.O. Box Number is Not Acceptable)
2330 Mietaw Dr.

Suite, Apt. #, Etc.

City **Sarasota**

State Zip Code
FL 34239

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 **C O'Donnell** Date **10/18/05**
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.	Cynthia O'Donnell	2330 Mietaw Dr	Sarasota, FL 34239

000061140030
11/03/05 01042-021 **175.00
5/3/05 90160 019 70.00

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: **C O'Donnell** president 10/18/05 941-355-9080 ext 107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/4 02