

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 AUG -4 AM 8:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000004354
 1. Corporation Name
NATURA HOMEOWNERS' ASSOCIATION

Principal Place of Business Mailing Address
**33920 US HIGHWAY 19, SUITE 390
 PALM HARBOR, FL 34684**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/27/94	
City & State		City & State		5. FEI Number	
Zip		Country		59-3274144	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MARC RUTENBERG	33920 US 19 SUITE 390	PALM HARBOR, FL 34684
SD	CYNTHIA WALSH	33920 US 19 SUITE 390	PALM HARBOR, FL 34684
TD	JEAN GENDEBIEN	7427 MEAD DRIVE	SPRING HILL, FL 34606

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name JEAN F. GENDEBIEN	
		Street Address (P.O. Box Number is Not Acceptable) 7427 MEAD DRIVE	
		Suite, Apt. #, Etc.	
		City SPRING HILL	
		State FL	
		Zip Code 34606	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jean Gendebien REGISTERED AGENT MUST SIGN Date: 7/25/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Cynthia T. Walsh Cynthia T. Walsh 7/25/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)