

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004354

1. Corporation Name

NATURA HOMEOWNERS ASSOCIATION INC.

WI-11404

REINSTATEMENT 08-10

700171280377
03/15/10--01065--005 **69.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
9108 US 19

3. Mailing Office Address
9108 US 19

Suite, Apt. #, etc.

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City & State
Port Richey Fl.

City & State
Port Richey Fl.

Zip Country
34668 Pasco

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34668 Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59 3274144

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Marie C. Buerkert LCAM

Street Address (P.O. Box Number is Not Acceptable)
9108 US 19

Suite, Apt. #, Etc.

City State Zip Code
Port Richey FL 34668

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Marie C. Buerkert
REGISTERED AGENT MUST SIGN

Date _____

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
PD	Genila Hill	7244 Captiva Circle	New Port Richey FL 34655
V	Michelle Scholet	7241 Captiva Circle	New Port Richey 34655
SD	Michelle Murphy	7239 Arbvoratum	New Port Richey 34655
TD	Brian Becker	7249 Captiva Circle	New Port Richey 34655
			700171280377 03/04/10--01044--028 **123.50
			<u>XC 3/17</u>

10. E-mail Address: mbuerkert@prutropical.com

(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., 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

SIGNATURE Genila Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/20/2010 727-515-7109
Daytime Phone #