

## **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000163450

**Entity Name:** DROPS FROM NATURE, INC.

**FILED**  
**Feb 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1376 NW 129 WAY  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1376 NW 129 WAY  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** \_\_\_\_\_ **FEI Number Applied For ( )** \_\_\_\_\_ **FEI Number Not Applicable (X)** \_\_\_\_\_ **Certificate of Status Desired (X)** \_\_\_\_\_

**Name and Address of Current Registered Agent:**

CHINCHILLA, DIEGO  
1376 NW 129 WAY  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

LAZZARA, SYLVIA X  
1376 NW 129 WAY  
SUNRISE, FL 33323 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SYLVIA X LAZZARA \_\_\_\_\_ 02/05/2007  
Electronic Signature of Registered Agent \_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete  
Name: CHINCHILLA, DIEGO  
Address: 1376 NW 129 WAY  
City-St-Zip: SUNRISE, FL 33323

Title: VP (X) Delete  
Name: LAZZARA, SYLVIA  
Address: 1376 NW 129 WAY  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,D (X) Change ( ) Addition  
Name: LAZZARA, SYLVIA X  
Address: 1376 NW 129 WAY  
City-St-Zip: SUNRISE, FL 33323

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA X LAZZARA \_\_\_\_\_ PD 02/05/2007  
Electronic Signature of Signing Officer or Director \_\_\_\_\_ Date