

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 609565

1. Corporation Name

NATURAL STATE, INC.

14715 N MIAMI AVE
MIAMI, FL 33168

2. Principal Office Address
14715 N MIAMI AVE

Suite, Apt. #, etc.

3. Mailing Office Address
14715 N MIAMI AVE

Suite, Apt. #, etc.

City & State
MIAMI, FL 33168

Zip
33168

Country
USA

City & State
MIAMI, FL

Zip
33168

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/12/1979

5. FEI Number
59-1863756

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
CARLOS MENDEZ

Street Address (P.O. Box Number is Not Acceptable)
14715 N MIAMI AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33168

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 08/31/2004

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
P/S/D	CARLOS MENDEZ	14715 N MIAMI AVE	MIAMI, FL 33168
		REINSTATEMENT 9-5-04	

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:

CARLOS MENDEZ

08/31/2004

(800) 707-7606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (07/04)