

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 NOV -2 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000006285

1. Corporation Name

NATURALLE SPRINGS, INC.

Principal Place of Business

1616 INDUSTRIAL RD  
GREENVILLE TN 37745  
US

Mailing Address

3595 NW 110TH ST  
MIAMI FL 33167  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1995

5. FEI Number

65-0569733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SHURMAN, JOHN - <i>Allen Fleischer</i>	3595 NW 110TH ST	MIAMI FL
STD	VAUPEN, HY	3595 NW 110TH ST	MIAMI FL
D	BIGIO, GILBERT	3595 NW 110TH ST	MIAMI FL
D	BEYDA, CLEMENT	3595 NW 110TH ST	MIAMI FL
			3888830403521-6 -11/09/99--01097-00 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORP.  
100 S.E. 2ND STREET, 28TH FL  
MIAMI FL 33131

Name

Street Address (P.O. Box Number Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 605.0505, F.S.

Signature of  
Registered Agent

*Michael Resnitzky*  
MICHAEL RESNITZKY, PRESIDENT OF KTG&S REGISTERED AGENT CORP

Date

11/1/99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hy Vaupen, EV/CFO*  
Hy Vaupen, EV/CFO

Date

10/28/99

Daytime Phone #

305-714-7020