

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

UBR

2000-2002



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000002331

1. Corporation Name

MANAGING ANIMALS NATURALLY, INC.

2. Principal Office Address

6998 N.W. HWY 27

3. Mailing Office Address

6998 N.W. HWY 27

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34482

Country

MARION

Zip

34482

Country

MARION

FILED

02 OCT 17 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2002 UBR

500008419525--9

-10/17/02--01022--005

****450.00 ****450.00

4. Date Incorporated or Qualified
To Do Business in Florida

05-06-99

5. FEI Number

58-2433698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

HIMANI DAS

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

621 NW 82nd Ct.

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code

34482

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

REGISTERED AGENT MUST SIGN

Date 10-08-02

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
PRES. DIR.	HIMANI DAS	621 NW 82nd Ct.	Ocala, FL. 34482

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/02 352-629-8122

Date

Daytime Phone #

CR2001 (9/01)

2933

We are here now submitting all three unfiled UBR's appropriately signed with a check in the amount of \$450.00, which is the fee for the three consecutive years here filed. Please accept this and update the state's records accordingly.

Thank you for your action and consideration.

Sincerely,



Robert H. Schoepf
Certified Public Accountant

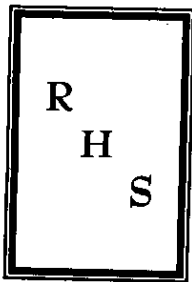
X 

Himani Das
Managing Animals Naturally, Inc.
President and
Registered Agent

P.S. Please mail all future correspondence to the above physical location address.

RHS/bd

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ROBERT H. SCHOEPF, P.A.

Certified Public Accountant

2508 NE 8th Lane

Ocala, Florida 34470

October 9, 2002

Secretary of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

RE: MANAGING ANIMALS NATURALLY, INC.
F99000002331

To Whom This May Concern:

This taxpayer and business was incorporated on December 1, 1998 and operated in the State of New York until April of 1999 when it applied to do business in the State of Florida and was approved in May of 1999 with all appropriate fees paid.

Since 1999 the taxpayer has filed all tax returns due to the State of Florida and the Federal Government, but never received any UBR's for 2000, 2001 and 2002. The taxpayer put in forwarding addresses to the postal service, but never received any reports from the State of Florida.

The physical location of the company is:

Managing Animals Naturally, Inc.
6998 NW Highway 27 – Suite 200
Ocala, FL 34482