
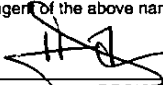
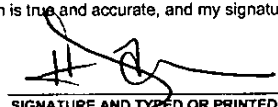


Attachment
1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W0800016964		FILED 08 APR 14 PM 2:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F99 00000 2331					
1. Corporation Name Managing Animals Naturally, Inc.					
2. Principal Office Address - No P.O. Box # 10030 NW 118TH ST. RD.			3. Mailing Office Address PO BOX 39		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State REDDICK, FL			City & State REDDICK, FL		
Zip 32686	Country MARION	Zip 32686	Country MARION	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 58-2433698				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name HELENA HIMANI DAS					
Street Address (P.O. Box Number is Not Acceptable) 10030 NW 118TH STREET ROAD					
Suite, Apt. #, Etc. REDDICK					
City REDDICK			State FL	Zip Code 32686	
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 3/27/08		
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 President	Name of Officers and/or Directors Helena H. Das (Sole proprietor)	Street Address of Each Officer and/or Director 10030 NW 118TH ST RD REDDICK, FL 32686	City / State / Zip Reddick/FL 32686		
200121780992 04/01/08--01017--010 **\$600.00					
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 contained in Chapter 119, 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: 			HELENA HIMANI DAS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/27/08	Daytime Phone # (352) 816-0999	

2 of 2



Managing Animals Naturally, Inc.

H. HIMANI DAS, DVM, CVA, CVC

(352) 629-8122 • Fax (352) 629-8186

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March 27, 2008

RE: Corporation Reinstatement

To whom it may concern:

Enclosed please find the Corporation Reinstatement application form along with a check for \$600, as advised per my telephone conversation with one of your representatives (Karen) on 3/26/08.

As discussed with Karen (above), since no notification was received regarding my corporation fees, the reinstatement fee would be waived, which is greatly appreciated. Looking back, there was a change in office location/physical address and bookkeeping help at the time and I was unaware of all this, for which I duly apologize.

I would also like to mention that I was a little confused about the N.Y. address noted. I moved from N.Y. in 1999 and have been in Florida since then. Consequently, for clarification, my Florida Corporation has had nothing to do with N.Y. all this time.

If there are any questions, I may be contacted at (352) 629-8122. Thank you for your consideration in this matter.

Sincerely,

Helena Himani Das, DVM