

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K03661**

1. Corporation Name

**NATURAL CONCEPTS, INC.**

Principal Place of Business

INDIAN RIVER CO.  
6855 66TH AVE.  
VERO BEACH FL 32967  
US

Mailing Address

6855 66TH AVE.  
VERO BEACH FL 32967

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

11/20/1987

5. FEI Number

65-0014885

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LIEFFORT, JAMES R.	955 19TH STREET S.W.	VERO BEACH FL
S	JACKSON, JOHN A	6855 66TH AVE.	VERO BEACH FL
			500002344865--2 -11/12/97-01084-013 ****750.00 ****750.00

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SL 11-10-97

8. Name and Address of Current Registered Agent

LIEFFORT, JAMES R.  
955 19TH ST SW  
VERO BEACH FL 32962

9. Name and Address of New Registered Agent

Name

JAMES R. LIEFFORT

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

775 2nd Street

Suite, Apt. #, Etc.

City

Vero Bch,

State

Zip Code

FL

32960

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/4/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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]*

JAMES R. LIEFFORT

Date

11/4/97 563-2679

Daytime Phone #

CR2E040 (8/97)