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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 NOV 19 PM 12:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000233

Name and Mailing Address

0016391 01 MB 0.309 **AUTO TO 0 0615 49546-707199

NATURAL2U LLC
3133 ORCHARD VISTA S.E.
GRAND RAPIDS MI 49546-7071

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: MI
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 01/23/2002
Principal Place of Business: 3133 ORCHARD VISTA S.E. GRAND RAPIDS MI 49546	3. New Principal Place of Business Address
	City, State, Zip
	6. FEI Number: 30-0018138 — Applied For / Not Applicable
	7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	600032416576 11/19/03--01003--005 **150.00
	City: FL — Zip Code

10. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11-11-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Van Andel, David	3133 ORCHARD VISTA S.E.	GRAND RAPIDS MI
MGRM	NICHOLSON, WILLIAM	3133 ORCHARD VISTA S.E.	GRAND RAPIDS MI
MGRM	Heacock, Steve	3133 ORCHARD VISTA S.E.	GRAND RAPIDS MI
		REINSTATEMENT 2003	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager X SIGNATURE REQUIRED Date 11/7/03 Daytime Phone #

Typed or printed name of signing Managing Member/Manager David VanAndel, Member/Manager