

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002642

Name and Mailing Address

0012886 01 AT 0.292 \*\*AUTO T7 0 0615 33483-480807



NATIVE REMEDIES LLC  
907 HYACINTH DRIVE  
DELRAY BEACH FL 33483-4808



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/04/2002	
Principal Place of Business 907 HYACINTH DRIVE DELRAY BEACH FL 33483	3. New Principal Place of Business Address	6. FEI Number 03-0482250	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent LUNTZ, GEORGE 907 HYACINTH DRIVE DELRAY BEACH FL 33483	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] **SIGNATURE REQUIRED** Date 10/17/03

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
MGR	LUNTZ, GEORGE	807 HYACINTH DRIVE	DELRAY BEACH FL 33483
MGRM	LUNTZ, ADRIENNE	907 HYACINTH DRIVE	DELRAY BEACH FL 33483
MGRM	LUNTZ, DEAN	2845 SW 22ND AVE., UNIT 107	DELRAY BEACH FL 33445
900023960509 10/21/03--01020--016 **155.00			
<b>REINSTATEMENT</b> <u>03-266-8798</u> dc			

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 [Signature] **SIGNATURE REQUIRED** Date 10/17/03 Daytime Phone # 561-266-8798

Typed or printed name of signing Managing Member/Manager GEORGE LUNTZ

CR2E084 (7/03)