

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M81235

1. Corporation Name

NATURAL-BY-DESIGN, INC.

Principal Place of Business

Mailing Address

3331 N.E. 32ND ST.
FORT LAUDERDALE FL 33308
US

3331 N.E. 32ND ST.
FORT LAUDERDALE FL 33308
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5975 N. FED. HWY. #112
Suite, Apt. #, etc.
FT. LAUDERDALE, FL.
City & State

3. New Mailing Office Address, If Applicable

5975 N. FED. HWY. #112
Suite, Apt. #, etc.
FT. LAUD., FL.
City & State

Zip 33308 Country USA

Zip 33308 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1988

5. FEI Number

65-0049148

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	ELLISON, PAMELA B.	3333 NE 32ND ST. 5975 N. FED. HWY. #112	FT. LAUDERDALE FL 33308
			200004649922--2
			10/23/01 01045 024
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

WOOD, JEFFREY S
110 TOWER, TWENTY-EIGHTH FLOOR
110 SE 6TH STREET
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
Jennie M Schoenrock
Street Address (P.O. Box Number is Not Acceptable)
2901 NW 88th Ave
Suite, Apt. #, Etc.

City
Fort Lauderdale
State
FL
Zip Code
33311

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

Jennie M Schoenrock
REGISTERED AGENT MUST SIGN

Date

Oct 12, 2001

11. 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

Pamela Ellison

Date

10-12-01

Daytime Phone #

954-351-1881

CR2040 (8/01)