PLEASE READ ALL INSTRUCTION BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DERARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N01000003949 DOCUMENT

1. Corporation Name

NATURE FIRST, INC.

Principal Place of Business

Mailing Address

FILED

03 NOV 12 AH 10: 39

	A T E	4 mgm (500	B 图象	- 1 17	P		

2430 AVENII NAVARRE F	A DE-SOL 32586			REINSTATTMENT							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								DEMONAL VIEWI			
				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc. Suite, Apt. #,				etc.			- 06/0	04/2001			
Oth 6 Char				tota		5. FEI Number		Applied For			
City & State City &			City & State	18			6.	31-1777866	Not Applicable_		
Zip Country		7	Zip Co		Country		CERTIFICATE OF STATUS DESIRED		Additional Fee required a Certificate of Status		
7. Names a	and Street Addresses of	Each Officer and/or [Director (Flor	ida nonprofi	t corporat	ions must list at lea	ast 3 directors 00023865853				
Title(s)	Name of Officers		Str			reet Address of Each ficer and/or Director		√0301004005 **61.25 City/State/Zip			
D HUFF, MICHAEL J			2430 AVENIDA DE-SOL				NAVARRE FL 32566				
D	D HUFF, KAREN S			2430 AVENIDA DE-SOL				NAVARRE FL 32566			
D GRIGGS, CATHY			17124 TUSCANOOGA RD				GROVELAND FL				
- "				-							
_ ~							•				
	8. Name and Ad	dress of Current Reg	istered Age	nt	T.	A	9. Name and Address of New Registered Agent				
					.==-	Name					
HUFF,	MICHAEL J					Street Address (P	O. Box Number is Not Acceptable)				
2430 AVENIDA DE SOL											
NAVARRE FL 32566				Suite, Apt. #, Etc.							
						City		State FL	Zip Code		
10. I, being	appointed the registere	d agent of the above i	named corpo	ration, am fa	amiliar witi	h and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0505,	F.S.		
, Signature o Registered	f Agent	REGIS	STERED AGE	ENT MUST	Mik	ie Huff		Date <u>10-14-0</u>	3		
11. I certify this reins	that I am an officer or di statement application, th	rector or the receiver one reason for dissolution	or trustee em on has been e	powered to eliminated, t	execute ti	his application as prate name satisfies t	rovided for in cha the requirements	pter 607 or 617, F.S. I further of of section 607.0401 or 617.040	ertify that when filing		

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 PRIMER NAME OF SIGNING OFFICER OR DIRECTOR

Nature First, Inc. 2430 Avenida De-Sol Navarre, Fl. 32566 www.nature1st.org 850-936-7212

Florida Department of State Glenda E. Hood Secretary of State

Attn: Justin M. Shivers ref. # N01000003949

Dear Mr. Shivers,

I am in receipt of your letter dated Oct. 20,2003 noting you have receive our UBR document and check # 1309 totaling \$61.25.

We never receive the original UBR in the mail, we have had many problems with our mail, several times my mother has sent things which I never receive and I have on more than 1 occasion which someone did not receive something which I have sent. Our post office is aware of this, however the problem still exists from time to time.

Please accept our sincerest apologies for the lateness of submitting our UBR.

If you have any questions or need more information, please feel free to contact me, Karen Huff @ 850-936-7212 by phone, <u>naturefirst@mchsi.com</u> by e-mail.

Thank you for your time and attention in this manner.

Sincerely,

Karen Huff

Executive Director