
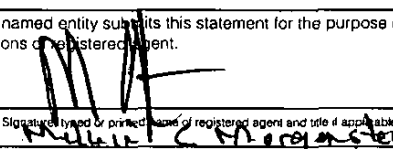
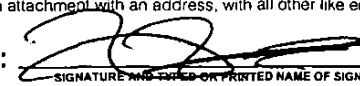


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 25 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009320			
1. Entity Name NATURE'S CHAIN, INC.			
Principal Place of Business C/O MELVIN C. MORGENSTERN P.A. 1320 S. DIXIE HWY., SUITE 1275 CORAL GABLES, FL 33146		Mailing Address C/O MELVIN C. MORGENSTERN P.A. 1320 S. DIXIE HWY., SUITE 1275 CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # 9400 S. Dadeland Blvd		3. Mailing Address P. O. Box 141914	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc.	
City & State Miami FL		City & State Coral Gables, FL	
Zip 33156	Country USA	Zip 33114-1914	Country USA
4. FEI Number 87-0733396		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGENSTERN, MELVIN C P.A. GABLES ONE TOWER, SUITE 1275 1320 S. DIXIE HIGHWAY CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name: Morgenstern, Melvin C P.A. Street Address (P.O. Box Number is Not Acceptable) 9400 S. Dadeland Blvd, Suite 600 City: Miami FL Zip Code: 33156	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		3-10-08 DATE	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDELTHON, WILLIAM III POB 141914 MIAMI, FL 331141914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600121216996 03/25/08--01032--011 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAJARDO, CLAUDIA 2730 FAIRWAYS DRIVE HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, KEVIN 12947 S.W. 67TH LANE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2-15-08 005-230-1621 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

3/26 20