

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 00000049565*

1. Corporation Name

ROYAL NATURAL PRODUCTS INC.

2. Principal Office Address

8983 SW 8 TERRACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33174

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-19-2000

5. FEI Number

65-1009382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *01-03*

7. Name and Address of Current Registered Agent

Name

AGUSTIN ACOSTA

Street Address (P.O. Box Number is Not Acceptable)

8983 SW 8 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date *5-19-03*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PD</i>	<i>ARNALDO ARIAS</i>	<i>8983 SW 8 TERR.</i>	<i>MIAMI FL 33174</i>
<i>VD</i>	<i>AGUSTIN ACOSTA</i>	<i>8983 SW 8 TERR.</i>	<i>MIAMI FL 33174</i>

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-03

Date

Daytime Phone #

305 9920507

7/6/2

CR2E081 (10/02)