

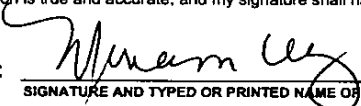


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P000000 55762 <b>1. Corporation Name</b> Natural Vitamins & Reflexology Inc.			
<b>2. Principal Office Address</b> 823 Lake McGregor Dr Suite, Apt. #, etc. City & State Ft Myers Zip 33919 Country USA		<b>3. Mailing Office Address</b> 823 Lake McGregor Dr Suite, Apt. #, etc. City & State FL Zip 33919 Country USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 2000		<b>5. FEI Number</b> 65-1017021 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<b>7. Name and Address of Current Registered Agent</b>			
Name MIRIAM WONG			
Street Address (P.O. Box Number is Not Acceptable) 1332 Macomb Rd 300056127233 Suite, Apt. #, Etc. 06/14/05--01011--008 **758 75			
City Ft Myers		State FL	Zip Code 33919
<b>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.</b>			
Signature of Registered Agent 		Date 6-7-05	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	MIRIAM WONG	1332 Macomb Rd	Ft Myers FL 33919
First member of board	MIRIAM WONG	1332 Macomb Rd	Ft Myers FL 33919
<b>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.</b>			
SIGNATURE: 		Date 6-7-05 239 633-2953	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MIRIAM WONG		Daytime Phone #	

FILED

05 JUL -6 PM 8:40

SECRET  
FALL 2005

CR2E081 (01/05)

6-24-05

TO Tyrone Scott,

I am requesting fee abatement to the Corporation Natural Vitamins & Reflexology, Inc. The President of the company is Miriam Wong at 1332 Macombo Rd, Ft Myers FL 33919.

Also - Miriam Wong is First member of board.

The reason for my request of fee abatement is lack of knowledge of my Corporation being dissolved. I call the phone ~~11~~ on line and told me to submit 150 for each year and ask for a reenstatement. I

apologize for any inconveniences. If I need any other information I can be

reached at 239-633-<sup>cell.</sup>2953 or 239-433-0890 home

Sincerely  
Miriam Wong

To Whom It May Concern,

I was unaware that my corporation was dissolved. I was trying to register a fictitious name under the corporation was unable to accomplish this. I never received notice that my corporation was not active. As per my phone call today I was told to submit 150.00 since 2001 for every year. Please reinstate me. Enclosed is the 750.00. Please if there is a problem contact me at my cell 239-633-2953.

Thank you  
Miriam Wong

*Miriam Wong*

P.S. enclosed is 750 + 8.75 for certificate of status total \$758.75  
Thanks again