

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -7 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065370

1. Corporation Name

NATASHA ALEXANDRA, INC.

Principal Place of Business

812 SOUTHWEST 159TH DRIVE  
PEMBROKE PINES FL 33027

Mailing Address

812 SOUTHWEST 159TH DRIVE  
PEMBROKE PINES FL 33027

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

2. New Principal Office Address, If Applicable

16206 SW 49 CT  
Suite, Apt., Etc.

3. New Mailing Office Address, If Applicable

16206 SW 49 CT  
Suite, Apt., Etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/2000

5. FEI Number

65-1021810

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
Miramar FL

Zip  
33027

Country  
USA

City & State  
Miramar FL

Zip  
33027

Country  
USA

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
PV	BISCARDI, KATHERINE	812 SOUTHWEST 159TH DRIVE 16206 SW 49 CT	PEMBROKE PINES FL 33027 Miramar FL 33027
S	BISCARDI, JOYCE B	812 SOUTHWEST 159TH DRIVE 16206 SW 49 CT	PEMBROKE PINES FL 33027 Miramar FL 33027

800011915528  
02/06/03--01072--014 \*\*\$900.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
Katherine Biscardi  
Street Address (P.O. Box Number is Not Acceptable)  
16206 SW 49 CT  
Suite, Apt. #, Etc.  
City  
Miramar  
State  
FL  
Zip Code  
33027

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Katherine Biscardi*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

2/4/03

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:

*Katherine Biscardi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/03 954 450-  
5474