

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 14 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000025137

1. Corporation Name

NATURAL FLORIDA ECOSYSTEMS, INC.

600021520436
07/14/03--01074--011 **300.00

2. Principal Office Address

393 CENTERPOINTE CIR.

Suite, Apt. #, etc.

STE 1405

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/01

5. FEI Number

59-3722763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

B & C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

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

390 NORTH ORANGE AVE

Suite, Apt. #, Etc.

STE 1100

City

ORLANDO

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date 7/11/03

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
PRES.	JOHN N. ATKINS	393 CENTERPOINTE CIR, STE 1405	ALTAMONTE SPGS, FL 32701
V. PRES.	STUART N. BRADLOW	393 CENTERPOINTE CIR, STE 1405	ALTAMONTE SPGS, FL 32701

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03 (407)260-5951

Date

Daytime Phone #

CR2E081 (10/02)