PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 18 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P01000067523

Nat's Den, Inc.

2. Principal Office Address	3. Mailing Office Address
567 Owosso Road	567 Owosso Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth
Zip: 33462 Country:	Zip: 33462 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 07/05/2001

5. FEI Number: 65-1149621 ☐ 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: Dennis R. Larivee

Street Address (P.O. Box Number is Not Acceptable): 567 Owosso Road

Suite, Apt. #, Etc.:

City: Lake Worth, FL | State: FL | Zip Code: 33462

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: Dennis R. Larivee Sr. Date: 1-17-05
REGISTERED AGENT MUST SIGN

CR2E381 (01/04)

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
PD	Natalie Larivee	567 Owosso Road	Lake Worth, FL 33462
VD	Dennis Larivee	567 Owosso Road	Lake Worth, FL 33462

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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: Dennis R. Larivee Sr. 1-17-05 1-561 6029999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #