

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000093417			
1. Entity Name M.D. NATURALS, INC.			
Principal Place of Business 5569 S.W. CORAL TREE LANE PALM CITY, FL 34990		Mailing Address 5569 S.W. CORAL TREE LANE PALM CITY, FL 34990	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1143263		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03082005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent CUGINI, LEDA 5569 SW CORAL TREE LANE PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Leda Cugini</u> DATE <u>March 11, 2005</u> (Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating))			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CUGINI, LEDA 5569 SW CORAL TREE LANE PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500049077915 ☐ Change ☐ Addition 03/24/05--01006--011 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Leda Cugini</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		March 11, 2005 772-215-9933 Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05



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