

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 19 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P01000093417</b> 1. Entity Name <b>M.D. NATURALS, INC.</b>																																	
Principal Place of Business <b>5569 S.W. CORAL TREE LANE PALM CITY, FL 34990</b>			Mailing Address <b>5569 S.W. CORAL TREE LANE PALM CITY, FL 34990</b>																														
2. Principal Place of Business <b>5574 Dogwood way</b> Suite, Apt. #, etc.		3. Mailing Address <b>5574 Dogwood way</b> Suite, Apt. #, etc.																															
City & State <b>Naples, FL</b> Zip <b>34116</b> Country <b>USA</b>		City & State <b>Naples, FL</b> Zip <b>34116</b> Country <b>USA</b>		4. FEI Number <b>65-1143263</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent  <b>CUGINI, LEDA 5569 SW CORAL TREE LANE PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name <b>(SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>5574 Dogwood way</b> City <b>Naples</b> State <b>FL</b> Zip Code <b>34116</b>																														
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 <b>x Leda Cugini, President, Registered Agent</b> DATE <b>10/17/06</b> <small>Signature typed on original copy of report and filed with application. (NOTE: Registered agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PST CUGINI, LEDA 5569 SW CORAL TREE LANE PALM CITY, FL 34990</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST CUGINI, LEDA 5569 SW CORAL TREE LANE PALM CITY, FL 34990</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PST CUGINI, LEDA 5574 DOGWOOD WAY NAPLES, FL 34116</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>600081025056</b>  <b>10/19/06--01033--029 **158.75</b> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST CUGINI, LEDA 5574 DOGWOOD WAY NAPLES, FL 34116</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>600081025056</b> <b>10/19/06--01033--029 **158.75</b>											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>x Leda Cugini, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>LEDA CUGINI, PRESIDENT</b>			Date <b>10/17/06</b> Daytime Phone # <b>239-249-1400</b>																														

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