

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038164

1. Corporation Name

NATURAL ART SURPWEAR, INC.

2. Principal Office Address

11000 Prosperity Farms Rd

Suite, Apt. #, etc.

Suite - 300 301

City & State

PAUM BEACH GARDENS, FL

Zip

33410

Country

USA

3. Mailing Office Address

11000 Prosperity Farms Rd

Suite, Apt. #, etc.

Suite - 301

City & State

PAUM BEACH GARDENS, FL

Zip

33410

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified

To Do Business in Florida 4/08/02

5. FEI Number

01-0654969

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 M. May

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

11000 Prosperity Farms Rd.

Suite, Apt. #, Etc.

Suite 301

City

PAUM BEACH GARDENS

State

FL

Zip Code

33410

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 M. May

REGISTERED AGENT MUST SIGN

Date 12/15/03

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
P/D/T	Dennis M. May	11000 Prosperity Farms Rd Suite 301	PAUM BEACH GARDENS, FL 33410
V/D/S	DALE M. MAY	11000 Prosperity Farms Rd Suite 301	PAUM BEACH GARDENS, FL 33410

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 M. May

Dennis M. May

12/15/03

Date

561-630-8817

Daytime Phone #

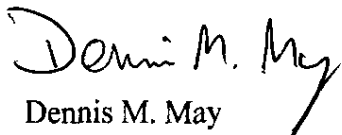
CRZE081 (10/02)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Per instructions on the recorded telephone line. Please accept this letter as confirmation that Natural Art Surfwear, Inc. never received the Uniform Business Report. The address of record was incorrect. I have corrected the address and will make sure it is updated in the future.

Thank you,

  
Dennis M. May