

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056887

1. Corporation Name

NATURAL TOP LIFE CORP

7305 SW 107 AVE

W04-44050

2. Principal Office Address

7305 SW 107 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

177

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33173

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/22/2002

5. FEL Number

01-0693941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

EDUARDO ALCALDE

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

7305 SW 107 AVE.

Suite, Apt. #, Etc.

177

City

MIAMI

State

FL

Zip Code

33173

REINSTATEMENT 03-04

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/18/2004

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	EDUARDO ALCALDE	7305 SW 107 AVE SUITE# 177	MIAMI FLORIDA 33173

600043126525
12/02/04--01028--005 **\$300.00

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

11/18/2004

Date

305-303-0486

Daytime Phone #

CR2001 (01/04)

Thursday, November 18, 2004

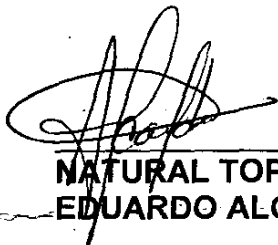
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL. 32399

REF.: NATURAL TOP LIFE CORP
Doc.# P02000056887

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, **NATURAL TOP LIFE CORP.** HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVED YOUR FORM TO EXECUTE IT.

I APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS,



NATURAL TOP LIFE CORP
EDUARDO ALCALDE