

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 17 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD2000058636**

1. Corporation Name

NATURE & LIFE CORP.

2. Principal Office Address

7925 CARLYLE AVE

3. Mailing Office Address

7925 CARLYLE AVE

Suite, Apt. #, etc.

#304

Suite, Apt. #, etc.

#304

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3678103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required
See instructions on back of form

7. Name and Address of Current Registered Agent

Name

CARLOS ARRIAN MARTINO

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

7925 CARLYLE AVE

Suite, Apt. #, Etc.

#304

City

MIAMI BEACH

700024763267

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State
FL

Zip Code

33141

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 of Carlos Arrian Martino]

Date **10-12-03**

REGISTERED AGENT MUST SIGN

9. Name 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	CARLOS A. MARTINO	7925 CARLYLE AVE #304	MIAMI BEACH FL 33141
V	ROXANA BOLLARINO	7925 CARLYLE AVE #304	MIAMI BEACH FL 33141

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 of Carlos Arrian Martino]

10-12-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20201 (10/02)