

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000093409

1. Corporation Name

NATURES' PHARMACY INC.

Principal Place of Business

Mailing Address

9380 NW 38TH PLACE
SUNRISE FL 33351

9380 NW 38TH PLACE
SUNRISE FL 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MELODIE FARR	9380 N.W. 38TH PLACE	SUNRISE FL 33351

100031366851
03/30/04--01012--014 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FARR, MELODIE
9380 NW 38TH PLACE
SUNRISE FL 33351

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/25/04

11. 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

Date

Daytime Phone #

3/25/04

FILED

04 MAR 30 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

153-04

B 282

Nature's Pharmacy Inc.

9380 N.W. 38th Place, Sunrise FL 33351
(561) 394-7891 FAX (561) 394-2336

Florida Department Of State
Secretary Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 25th 2004

Gentlemen,

We did not receive the prior two uniform business reports.

Sincerely,



Melodie Farr, President