PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOC	UM	ENT	#
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P02000095059

1. Corporation Name

NATUMAX CORP.

Principal Place of Business

Mailing Address

16268 S.W. 75TH STREET

16268 S.W. 75TH STREET

MIAMI FL 33193

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SECRETARY OF STATE

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If above a	eddresses are incorrect in any way, line	through incorrect in	nformation and enter	correction below.	REIN	STATEM	ENT	7 7	
· · ·		ing Office Address, If Applicable		Date Incorporated or Qualified To De Rusiness in Florida					
		Suite, Apt. #,	Suite, Apt. #, etc. City & State		5. FEI Number				
		City & State							
Zip	Country	Zip	Count	ry	6. CERTIFICAT	E OF STATUS DESIRED〔		Iditional Fee required Pertificate of Status	
7. Names a	and Street Addresses of Each Officer	and/or Director (Flo	rida nonprofit corpor	ations must list at le	ast 3 directors)				
Title(s)			Street Address of Each Officer and/or Director		City / State / Zip				
P	FEIJOO, TANIA	TANIA 1626			16268 S.W. 75TH STREET		MIAMI FL 33193		
v FEIJOO, VICTOR		16268 S.W. 75TH STREET		MIAMI FL 33193					
L mpar					40 10/17/	002391 03010890	4864 11 **1	50.00	
				, - 1907/					
8. Name and Address of Current Registered Agent			nt	Name and Address of New Registered Agent					
FEIJOO, VICTOR 16268 S.W. 75TH STREET MIAMI FL 33193				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
				City			State Zip	Code	

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 of

listor / Rings

SIGNING DESIGNED OF DIRECTOR

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.

V FEIJOD

10-29-03

3053806

Daytime Phone

Natumax Corp. 16268 SW 75 Street
Miami, Florida 33193

Department of State Division of Corporations Tallahassee, Fl. 32314

Dear Sirs

I have-just-received-a-letter-from your-department telling us that our home business named Natumax Corp. has been dissolved by you because we did not file the Uniform Bussines Report for 2003. I called twice your department on December of 2002, and the operator told me that since our company was constituted on the month of September we did not need to file the report and we never received the <u>Uniform Business Report</u> form by mail. We are asking for a waiver so that we can continue operating our home business.

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We appreciate your attention.

Victor Feijoó