

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000056788

1. Entity Name
BIO. NATURAL SUPPLEMENT, INC.



Principal Place of Business
10701 SW 102ND AVE.
MIAMI, FL 33176

Mailing Address
10701 SW 102ND AVE.
MIAMI, FL 33176

2. Principal Place of Business
9100 S. DADELAND BLVD.

3. Mailing Address
9100 S. DADELAND BLVD.

Suite, Apt. #, etc.
SUITE #905

Suite, Apt. #, etc.
SUITE #905

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33156

Country
MIAMI-DADE

Zip
33156

Country
MIAMI-DADE

12162005 REIN-P CR2E098 (6/04)

4. FEI Number
04-3759610

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, GUILLERMO
10701 SW 102ND AVE.
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name
GUILLERMO MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
10729 SW 104th STREET
City MIAMI FL Zip Code 33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-22-05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME MARTINEZ, GUILLERMO
STREET ADDRESS 10701 SW 102ND AVE.
CITY-ST-ZIP MIAMI, FL 33176

TITLE PD ☐ Delete
NAME BARTON, MARTIZA
STREET ADDRESS 10701 S.W. 102ND AVE.
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 7000052469066
STREET ADDRESS 12/29/05--01019--014 **150.00
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 9100 S DADELAND BLVD. #905
STREET ADDRESS MIAMI, FLORIDA 33156
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
NAME GUILLERMO BAKULA
STREET ADDRESS 9100 S DADELAND BLVD., #905
CITY-ST-ZIP MIAMI, FLORIDA 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GUILLERMO BAKULA

12-22-05 (305) 275-1281