

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202008 REIN-P CR2E098 (1/07)

DOCUMENT # P03000056788

1. Entity Name
BIO. NATURAL SUPPLEMENT, INC.



Principal Place of Business
9100 S. DADELAND BLVD.
SUITE #905
MIAMI, FL 33156

Mailing Address
9100 S. DADELAND BLVD.
SUITE #905
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #
2851 NE 183 ST.
Suite, Apt. #, etc.
1501

3. Mailing Address
2851 NE 183 ST.
Suite, Apt. #, etc.
1501

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33160

Country
BROWARD

Zip
33160

Country
BROWARD

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
MARITZA BARTON

Street Address (P.O. Box Number is Not Acceptable)
2851 NE 183 ST. # 1501

City
Aventura

FL

Zip Code
33160

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:

(NOTE: Registered Agent signature required when reinstating)

DATE: Oct 20/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, MARTIZA 9100 S. DADELAND BLVD. #905 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON MARITZA 2851 NE 183 ST. # 1501 Aventura, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKULA, GUILLERMO 9100 S. DADELAND BLVD. #905 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400137250374 10/24/08--01023--005 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Oct 20/08

Daytime Phone #