


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO3 0000 75643			
1. Corporation Name Florida-Natco, Inc.			
2. Principal Office Address 21 E Garden Street Suite, Apt. #, etc. Suite 205 City & State Pensacola, FL 32501 Zip 32501 Country USA		3. Mailing Office Address 21 E Garden Street Suite, Apt. #, etc. Suite 205 City & State Pensacola FL Zip 32501 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida July 2, 2003	
		5. FEI Number 90-0210462	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301-2525
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 Cynthia L. Harris		Date 11/11/05	
REGISTERED AGENT MUST SIGN			
9. Names 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
President	Monica Max	7632 Duval St.	Navarre, FL 32566
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: Owner		Date 11-9-05	Daytime Phone # (850) 438-9440