


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

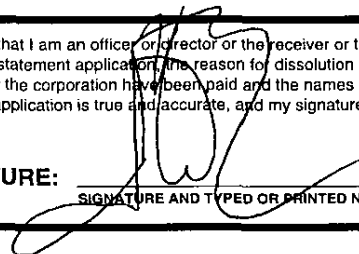
<b>CORPORATION REINSTATEMENT 2004 AR</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000111838					
1. Corporation Name BIONATURAL SOLUTIONS, CORP  1835 E. HALLANDALLE BEACH BLV 1835 E. HALLANDALLE BEACH BLV					
2. Principal Office Address 1835 E. HALLANDALLE BEACH BLV  Suite, Apt. #, etc. 135  City & State HALLANDALLE, FLORIDA  Zip 33009			3. Mailing Office Address 1835 E. HALLANDALLE BEACH BLV  Suite, Apt. #, etc. 135  City & State HALLANDALLE, FLORIDA  Zip 33009		
Country USA		Country USA			

FILED  
04 AUG 23 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000040413070  
08/23/04--01030--008 \*\*150.00

4. Date Incorporated or Qualified To Do Business in Florida 10/09/2003	
5. FEI Number 51-0516649	Applied For Not Applicable
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 PATRICIA FERNANDEZ		
Street Address (P.O. Box Number is Not Acceptable) 1835 E. HALLANDALLE BEACH BLV		
Suite, Apt. #, Etc. 135		
City HALLANDALLE	State FL	Zip Code 33009

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		Date	
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
PD	PATRICIA M. FERNANDEZ	1835 E. HALLANDALLE BEACH BLV,	HALLANDALLE, FL 33009
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: 		08/05/2004 954-764-0770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (07/04)

202

**Miami, August 5, 2004**

**Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**Re: BIONATURAL SOLUTIONS, CORP.  
Doc Number P03000111838**

**Dear Sir or Madam:**

**Please find enclosed an application for reinstatement with our new address.**

**We have never received the 2004 Uniform Business Report. We think it was sent to a different location.**

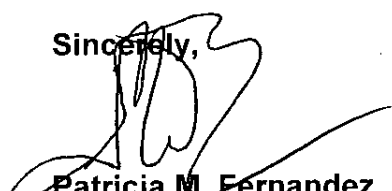
**We are enclosing a check for \$150 to cover the following fees:**

**2004 Uniform Business Report**

**We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.**

**Your consideration will be greatly appreciated.**

**Sincerely,**



**Patricia M. Fernandez  
President  
1835 E. Hallandale Beach Blvd, # 135  
Hallandale, FL 33009**