

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # PO4000061143**

**1. Corporation Name**

Natali, Inc.

**2. Principal Office Address - No P.O. Box #**

4809 E Busch Blvd

Suite, Apt. #, etc.

Suite 201F

City & State

Tampa, FL

Zip

33617

Country

USA

**3. Mailing Office Address**

4809 E Busch Blvd

Suite, Apt. #, etc.

Suite 201F

City & State

Tampa, FL

Zip

33617

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Allstate Advisory Group Inc.

Street Address (P.O. Box Number is Not Acceptable)

4809 E Busch Blvd

Suite, Apt. #, Etc.

Suite 201B

City

Tampa

State

FL

Zip Code

33617

**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

*Danny Garcia*  
REGISTERED AGENT MUST SIGN

Date 05/05/2008

**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
P	Buendia, Natali	6239 Edgewater Dr #D-10	Orlando, FL 32810
D	Garcia, Danny	4809 E Busch Blvd Ste 201	Tampa, FL 33617

**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 contained in Chapter 119, 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:**

*Danny Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny Garcia

05/05/2008

Date

813-781-6710

Daytime Phone #

FILED

08 MAY -6 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100128644831  
05/06/08--01024--010 \*\*600.00

CR2E081 (12/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/16/2005

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.