2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000144649

1. Entity Name
NATURAL-A. CORP.

FILED
OCT 17 PH 4: 16
TALLAHASSEE, FLORIDA

05

Principal Place of Business	Mailing Address
257 S. ROYAL POINCIANA BLVD. APT 209 MIAMI SPRINGS, FL 33166	257 S. ROYAL POINCIANA BLVD. APT 209 MIAMI SPRINGS, FL 33166

10112005   REIN-P   CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number _____ ☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, ESTRELLA 257 S. ROYAL POINCIANA BLVD. APT 209 MIAMI SPRINGS, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ESTRELLA 257 S. ROYAL POINCIANA BLVD., #209 MIAMI SPRINGS, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1C0030660 ☐ Change ☐ Addition 10/17/05--01068--018 **150.00**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X _____ Estrella M. Garcia   10/10/05   305-887-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #