2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000007678

Entity Name: NATASHA TM, INC.

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

920 BAYMEADOWS RD
JACKSONVILLE, FL 32256

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JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

920 BAYMEADOWS RD JACKSONVILLE, FL 32256 9920 BAYMEADOWS RD JACKSONVILLE, FL 32256

FEI Number: 20-2212703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLACE, ROBERT 3805 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 US

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.

SIGNATURE: ROBERT WALLACE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 KALUBY, SARWAT
 Name:
 KALUBY, SARWAT

 Address:
 920 BAYMEADOWS RD
 Address:
 9920 BAYMEADOWS RD

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: V (X) Delete Title: () Change () Addition

 Name:
 MAK, ANN
 Name:

 Address:
 920 BAYMEADOWS RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 KALUBY, JULIA
 Name:
 KALUBY, NATASHA

 Address:
 920 BAYMEADOWS RD
 Address:
 9920 BAYMEADOWS RD

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: S (X) Delete Title: () Change () Addition

 Name:
 KALUBY, ESSÁM
 Name:

 Address:
 920 BAYMEADOWS RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARWAT KALUBY P 03/17/2008