

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APRIL 1
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1
DOCUMENT # P05000048393

1. Corporation Name

NATURAL CARE 2005, INC

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

2841 NE 163 STREET

Suite, Apt. #, etc.

1007

City & State

N. MIAMI BEACH, FL

Zip
33160

3. Mailing Office Address

2841 NE 163 STREET

Suite, Apt. #, etc.

1007

City & State

N. MIAMI BEACH, FL

Zip
33160

Country
USA

7. Name and Address of Current Registered Agent

Name

AMIT LEVY

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

2841 NE 163 STREET

Suite, Apt. #, Etc.

1007

City

N. MIAMI BEACH

State
FL

Zip Code
33160

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.

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 07-10-2008

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
P	AMIT LEVY	2841 NE 163 STREET #1007	N. MIAMI BEACH FL 33160

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:

AMIT LEVY

07-10-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #