

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

Country

USA

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

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

REGISTERED AGENT MUST SIGN

Date 07-10-2008

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	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 #

08 JUL 16 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400133017974
07/16/08--01032--008 **450.00-

DM 7.16.08

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/2005

5. FEI Number

120-2601786

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.