

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000067390

1. Entity Name
NATURAL ALTERNATIVE PHARMACEUTICALS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 10:18

Principal Place of Business
13511 NW 20TH ST
SUNRISE, FL 33323

Mailing Address
13511 NW 20TH ST
SUNRISE, FL 33323



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 REIN-P CR2E098 (1/07)

4. FEI Number

22-3931942

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 \$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 PSTD
NAME AYESH, MAHMOUD
STREET ADDRESS 13511 NW 20TH ST
CITY-ST-ZIP SUNRISE, FL 33323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME EL HALWAGY, ALAA ATTIA
STREET ADDRESS 13511 NW 20TH ST
CITY-ST-ZIP SUNRISE, FL 33323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME MAHMOUD NAKHLA, HANAA MOSTAFA
STREET ADDRESS 13511 NW 20TH ST
CITY-ST-ZIP SUNRISE, FL 33323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHMOUD AYESH

04/17/08 (954)873-9433

Date

Daytime Phone #

B 4/25/08
REINSTATEMENT 07-08