

**2009 FOR PROFIT CORPORATION
REINSTATEMENT**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 AM 10:01

DOCUMENT # P08000069238			
1. Entity Name NATALIE'S NATURAL HEALTH COMPANY			
Principal Place of Business 1355 PINELLAS BAYWAY, STE. 7 TIERRA VERDE, FL 33715		Mailing Address 1355 PINELLAS BAYWAY, STE. 7 TIERRA VERDE, FL 33715	
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
4. FEI Number 26-3084520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTREDA P.A. 1640 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		Name MARSHALL G. REISSMAN	
		Street Address (P.O. Box Number is Not Acceptable) 5150 CENTRAL AVENUE	
		City ST. PETERSBURG	
		FL Zip Code 33707	
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 		DATE 9-29-09	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2010, 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	DPS BROTMAN, NATALIE C. 1355 PINELLAS BAYWAY, STE. 7 TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORMIER, NATALIE C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1355 PINELLAS BAYWAY, STE. 7 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800161346058 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/05/09--01071--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 9/29/09 727-742-1551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

REINSTATEMENT 2009

October 1, 2009

To Whom It May Concern:

Please find enclosed my check of \$150.00 (no prior notice of expiration was received from the state) with the Reinstatement application.

Sincerely,

Natalie Cormier

Natalie Cormier
Natalie's Natural Health