

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2017 DEC 11 09:12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16000063511

1. Corporation Name
NATURAL SYSTEMS INTERNATIONAL CORP.

2. Principal Office Address - No P.O. Box # 10836 NW 27TH STREET		3. Mailing Office Address 10836 NW 27TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33172	Country USA	Zip 33172	Country USA

400306532684
12/11/17--01008--009 **750.00

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 08/02/2016

5. FET Number: Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED: \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANTONIO S. CARRENO

Street Address (P.O. Box Number is Not Acceptable): 10836 NW 27TH STREET

Suite, Apt. #, Etc.

City: DORAL State: FL Zip Code: 33172

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: _____

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	ANTONIO S. CARRENO	10836 NW 27TH STREET	DORAL, FL 33172

10. E-mail Address: anatorrealba72@hotmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Antonio Carreno Date: 12/06/2017

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

FEC 10017



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 Coral Gables, FL 33134
 Phone: 305-444-4994
 Email: filing@ecfsfiling.com

SEP 20 11

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Natural Systems International Corp.
 (CORPORATE NAME) (DOCUMENT #)

2. _____ P16000043511
 (CORPORATE NAME) (DOCUMENT #)

3. _____
 (CORPORATE NAME) (DOCUMENT #)

Walk-In Pick up time: _____ Certified Copy Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials