

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000005808

1. Corporation Name

NATURAL SOLUTIONS, INC.

Principal Place of Business

415 MONROE DRIVE
WEST PALM BEACH FL 33405

Mailing Address

P.O. BOX 21972
WEST PALM BEACH FL 33416



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0370249	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status \$17.50 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D.	DRIGGERS, WILLIAM S	415 MONROE DRIVE	W. PALM BEACH FL 33405
✓	DRIGGERS, ANNE-MARIE	415 MONROE DRIVE	W. Palm Beach, FL 33405
			600002045256--5
			01/03/97 01132 010
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

DRIGGERS, WILLIAM
5041D SOCIETY PLACE EAST
WEST PALM BEACH FL

9. Name and Address of New Registered Agent

Name	
SANDY	
Street Address (P.O. Box Number is Not Acceptable)	
415 MONROE DR.	
Suite, Apt. #, Etc.	
N/A	
City	State Zip Code
West Palm Beach	FL 33405

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

William Driggers
REGISTERED AGENT MUST SIGN

Date 12/26/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

William Driggers
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

12/26/96

Daytime Phone #

561-833-8363