

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
REINSTATEMENT



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

FILED

97 OCT 30 PM 1:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007827**

1. Corporation Name
NATURA INTERNATIONAL CORP.

Principal Place of Business 121 SW 1ST STREET SUITE 718 MIAMI FL 33131 US	Mailing Address 121 SE 1ST STREET SUITE 718 MIAMI FL 33131 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable 121 SW 1st Street Suite, Apt. #, etc. # 1005 City & State Miami FL Zip 33131 Country	3. New Mailing Office Address, If Applicable 121 SW 1st Street Suite, Apt. #, etc. # 1005 City & State Miami FL Zip 33131 Country	4. Date Incorporated or Qualified To Do Business in Florida 11/30/1992	5. FEI Number 65-0372816 Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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	CAMPOS, TANEQ	8160 GENEVA CT #A403	MIAMI FL 33166
P.	CAMPOS TANEQ	121 SW 1ST STREET #1005	MIAMI FL 33131

300002339653--1
 -11/06/97--01003--013
 ****165.00 ****165.00

Handwritten signature and date: 10/27/97

8. Name and Address of Current Registered Agent CAMPOS, TANEQ 8160 GENEVA CT SUITE A403 MIAMI FL 33166	9. Name and Address of New Registered Agent Name CAMPOS TANEQ Street Address (P.O. Box Number Is Not Acceptable) 1301 MIAMI GARDENS DRIVE # 1416 W Suite, Apt. #, Etc. # 1416W City NORTH MIAMI State FL Zip Code 33179
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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: *[Signature]* Date: **10/27/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* 10/27/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E040 (8/97)

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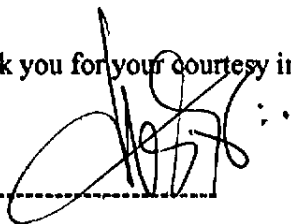
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$165.00 for the Annual Report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to be "J. G. Smith", is written over a horizontal dashed line.

President