

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

97 FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000061403

1. Corporation Name

NATURAL CHEMICALS, INC.

Principal Place of Business

2453 LANTERN LANE  
NAPLES FL 33940

Mailing Address

2453 LANTERN LANE  
NAPLES FL 33940

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 31 PM 12:12



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

2. New Principal Office Address, If Applicable

24710 SWEET GUM CT.

Suite, Apt. #, etc.

BONITA SPRINGS, FLORIDA

City & State

3. New Mailing Office Address, If Applicable

24710 SWEET GUM CT.

Suite, Apt. #, etc.

BONITA SPRINGS, FLORIDA

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

08/30/1993

5. FEI Number

65-0429336

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

34134

Country

USA

Zip

34134

Country

USA

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

| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip                                |
|----------|--------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1        | 2                                    | 3                                                                                         | 4                                                 |
| P        | MORRISON, FRED J.                    | <del>2453 LANTERN LANE</del><br>24710 SWEET GUM CT.                                       | <del>NAPLES FL</del><br>BONITA SPRINGS, FL. 34134 |
| ST       | MORRISON, PATRICIA A.                | <del>2453 LANTERN LANE</del><br>24710 SWEET GUM CT.                                       | <del>NAPLES FL</del><br>BONITA SPRINGS, FL. 34134 |
|          |                                      |                                                                                           |                                                   |
|          |                                      |                                                                                           |                                                   |
|          |                                      |                                                                                           |                                                   |
|          |                                      |                                                                                           |                                                   |
|          |                                      |                                                                                           |                                                   |

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRISON, FRED J

2453 LANTERN LANE

NAPLES FL 33940

Name

MORRISON, FRED J.

Street Address (P.O. Box Number is Not Acceptable)

24710 SWEET GUM CT.

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34134

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

*Fred J. Morrison*

REGISTERED AGENT MUST SIGN

Date 10.29.97

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 118.07(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.

Fred J. MORRISON

SIGNATURE:

*Fred J. Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.29.97 (941)947-7799

Date

Daytime Phone #

CR2E040 (8/97)