

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

97 JAN 27 AM 10: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043933**

1. Corporation Name  
**NATMAN CORPORATION**

Principal Place of Business Mailing Address  
**5385 S.W. 88TH ST. MIAMI FL 33156** **5385 S.W. 88TH ST. MIAMI FL 33156**



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

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.		06/13/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0099766	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
<del>D</del>	<del>VALLADARES, GILDA</del>	<del>5385 S.W. 88TH ST.</del>	<del>MIAMI FL 33156</del>
D	VALLADARES, ARMANDO	5385 S.W. 88TH ST.	MIAMI FL 33156
			600002072076--3 -01/29/97--01033--011 *****315.00 *****315.00
			<b>REINSTATEMENT</b> 9/6/97
			12/21/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VALLADARES, ARMANDO 5385 S.W. 88TH ST. MIAMI FL 33156		Name Street Address (P.O. Box Number If Not Applicable) Suite, Apt. #, Etc. City State Zip Code	
		600002072076--3 -01/29/97--01033--012 *****17.50 *****8.75	
		FL	

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: *Armando Valladares* Date: \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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)(l), 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: *Armando Valladares* Date: 1/8/97 Daytime Phone #: (305) 477-6222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ARMANDO VALLADARES

CR2E040 (7/96)