

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070530

1. Corporation Name

LENATUREL INTERNATIONAL, INC.

Principal Place of Business

410 NORTH STREET, #122
LONGWOOD FL 32750

Mailing Address

410 NORTH STREET, #122
LONGWOOD FL 32750

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

09/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3268959

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	TURNER, G. WESLEY	3801 WIMBLEDON DR	LAKE MARY FL 32746

500009465125
12/11/02--01024--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TATICH, PHILIP ESQ
341 NORTH MAITLAND AVE
SUITE 340
MAITLAND FL 32751

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date November 22, 2002

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/02)

PHILIP TATICH
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELLORS AT LAW
POST OFFICE DRAWER 7540
MAITLAND, FLORIDA 32794-7540

November 25, 2002

TELEPHONE (407) 629-4433
FACSIMILE (407) 629-4455

341 N. MAITLAND AVENUE
SUITE 340
MAITLAND, FLORIDA 32751

Lisa Mocerì, Director
LeNaturel International, Inc.
410 North Street, Suite 122
Longwood, Florida 32750

Re: **LeNATUREL INTERNATIONAL, INC.**

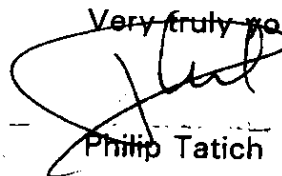
Dear Lisa:

Pursuant to your letter of November 17, and our telephone conversation with respect thereto, I am returning herewith the *Notice of Administrative Dissolution or Revocation* which, as you have requested, I have signed as Registered Agent.

I am also enclosing a copy of the *2001 Uniform Business Report* which was filed on May 16, 2002, noting that the Principal Place of Business and the Mailing Address were changed. Accordingly, the original UBR would have been sent to the new address in January 2002, with a reminder notice being sent in April. I did not receive any notification with respect to this form at either time.

Please give me a call if you have any questions.

Very truly yours,



Philip Tatich

PT:wyd

Enclosures

F:\CORP\LENAT\MOCERI.L01