PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ	ALL INST	HUCTION	O DEFUNE (	ONIT LE I	ING THIS FUNIVI.	
APPLICATION FLORIDA DEPARTMENT OF STATE						
Sandra R Mortham						
Secretary of State				]	v mill	
REINSTATEMENT DIVISION OF CORPORATIONS				The state of the s		
DOCUMENT # P96000014697						
1. Corporation Name				97 OCT 22 MM:52		
Sage Natural, Inc.						
				SECKE IA LA TATE TALLAHASSEL, FLORIDA		
				Ţ	INCLINIO	
Principal Place of Business Mailing Address						
2631 Barbara Drive				ļ	0.0	
Fort Lauderdale, Florida 33316				1	STATEMENT OF DO NOT WRITE IN THIS SPACE	
				neill	CTATEIVIEW	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				HEIIA	O I / I - I	
New Principal Office Address, If Applicable     New Malling Address, If Applicable			4. Date Incorpo	orated or Qualified		
2631 Barbara Drive	631 Barbara Drive			To Do Busin	ness in Florida February 16, 1996	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. FEI Number		
City & State	City & State City & State		<del></del>	ì	Not Applicable	
Fort Lauderdale, FL				6.		
Zip Country	Zip	Cour	ntry	CERTIFICATE	SB.75 Additional Fee required for a Certificate of Status	
33316 United States United States						
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each						
Title(s) and/or Directors		į (	Officer and/or Director Use Post Office Box N		City / State / Zip	
		i				
PST Terry W. Dalton 2631 Barbara Drive			oara Drive		Fort Lauderdale, FL 33316	
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					THE CASE WAS AND THE CASE WAS ASSESSED.	
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					W	
					·	
8. Name and Address of Current Registered Agent				O Slame and S	ddress of New Registered Agent	
Name			9. Name and A	COLORS OF HER LIPSISTER OF ANDRE		
Terry W. Dalton						
· · · · · · · · · · · · · · · · · · ·			P.O. Box Number is Not Acceptable)			
Fort Lauderdale, Florida 33316 Sulte, Apt. #, Etc						
Outo, Apr. 4, Etc			·			
City			State Zip Code			
10. 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 Quill W. Quilty						
Registered Agent Date FORT Date FORT Date FORT DATE DATE TO THE PROPERTY OF TH						
11. Does this corporation pay any intangible tax to the						
Dept. of Revenue under S. 199.032, Florida Statutes. Yes V No (See other side for information on intangible tax.)						
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-						
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) In the event that the information supplied is deemed exempt from public access. 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 filling 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., and that all less owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made						
fees owed by the corporation have been paid. To under oath.	he information in	idicated on this ap	plication is true and a	ccurate, and my	signature shall have the same legal effect as if made	
10-12-92 (1/272/12						
SIGNATURE: YQUUM Terry W. Dalton, President 10-17-77 4032342						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deytime Phone #						