

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041243

1. Corporation Name

NATURE'S LIFE & HEALTH, INC.

Principal Place of Business

Mailing Address

925 CRANDON BLVD
KEY BISCAYNE FL 33149
US

PO BOX 1011
KEY BISCAYNE FL 33149
US

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

2. New Principal Office Address, If Applicable

1111 CRANDON BLVD

Suite, Apt. #, etc.

C 806

City & State

Key Biscayne FL

Zip

33149

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1996

5. FEI Number

65-0760893

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	DRASSINOWER, CARLOS S	1111 CRANDON BLVD B101	KEY BISCAYNE FL 33149

800004733058--6
-12/19/01-01058-013
****150.00 ****150.00

10/18/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRASSINOWER, CARLOS S

1111 CRANDON BLVD

B-101

KEY BISCAYNE FL 33149

Name

DRASSINOWER Carlos S

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

1111 CRANDON BLVD C 806

Suite, Apt. #, etc.

C 806

City

Key Biscayne

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date

10-18-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-01

305-3650832

DEC-18-01 TUE 04:31 AM DR.SIGHIDRASSINOWER

3053616072

P.01

Nature's Life & Health, Inc.

1111 Crandon Blvd. #C806, Key Biscayne, FL 33149
305-361-7869, 800-688-6933

TO Mr. SAN TONER

Florida Department of State
Eula Peterson
Document Specialist

Dec. 06 2001

Dear Ms. Peterson,


In March of 2001 we sent you the form and a check #2975 (Bank of America) for \$150 to for the 2001 annual fees for Nature's Life & Health Inc.

Apparently you didn't receive it. I checked with the bank and this check has not been cashed. Please check in your files if this application and check can be found.

On October 18 I resent this application. This application was returned to me with your letter.

Today I spoke on the phone and I was told to re-send the application with a new check again. Enclosed please find said application along with the check for \$150.

Best regards,


Sighi Drassinower
President
Nature's Life & Health Inc.