

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 AM 8:09

DOCUMENT # P96000082209

1. Corporation Name

THE NATURE-PHARM CORPORATION

Principal Place of Business

11094 BAYBREEZE WAY
BOCA RATON FL 33428

Mailing Address

11094 BAYBREEZE WAY
BOCA RATON FL 33428



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

2255 Glades Road Suite 324A
Boca Raton FL 33431

City & State
Boca Raton FL 33431

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Law Office of Samuel D. Ballen
2255 Glades Road Suite 324A
Boca Raton FL 33428

City & State
Boca Raton FL 33428

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1996

5. FEI Number

☒ 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)

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
PD	BUCHWALD, ERIC	211 S FEDERAL HIGHWAY	BOYNTON BEACH FL
VSTD	BALLEN, SAMUEL D	11094 BAYBREEZE WAY	BOCA RATON FL 33428

300002358203--1
-11/26/97--01090--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Samuel D. Ballen

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

2255 Glades Road

Suite, Apt. #, Etc.

Suite 324A

City

Boca Raton

State

FL

Zip Code

33431

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

Samuel D. Ballen

REGISTERED AGENT MUST SIGN

Date 10/24/97

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 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:

Samuel D. Ballen - Vice President/Secretary/Treasurer 10/24/97 561 479-1646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2040 (8/97)