

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000096248

1. Entity Name
NATURAL_LINK, INC.



Principal Place of Business
630 TURTLE RUN
FORT LAUDERDALE, FL 33326

Mailing Address
2269 S. UNIVERSITY DR #266
#266
DAVIE, FL 33324

2. Principal Place of Business
4630 S. KIRKMAN RD.

3. Mailing Address
4630 S. KIRKMAN RD.

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32811

Country
U.S.A.

Zip
32811

Country
U.S.A.

09202005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0715089

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OROPEZA, GUSTAVO
630 TURTLE RUN
FORT LAUDERDALE, FL 33326

7. Name and Address of New Registered Agent

Name
OROPEZA, GUSTAVO
Street Address (P.O. Box Number is Not Acceptable)
3206 TIMUCUA CIRCLE
City
ORLANDO FL Zip Code
32837

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature of registered agent or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept/29/05

FILE NOW! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
OROPEZA, GUSTAVO
STREET ADDRESS
630 TURTLE RUN
CITY - ST - ZIP
FORT LAUDERDALE, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
OROPEZA, GUSTAVO
STREET ADDRESS
4630 S. KIRKMAN RD, STE 205
CITY - ST - ZIP
ORLANDO, FL 32811 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Sept/29/05

Date

Daytime Phone #