


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 JUL 12 AM 9:38. SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # p96000100178																																			
1. Corporation Name Nature's Own Laboratories of Florida, Inc.																																			
2. Principal Office Address 1499 S Harbor City Blvd				3. Mailing Office Address																															
Suite, Apt. #, etc. STE 303				Suite, Apt. #, etc.																															
City & State Melbourne, FL 32901				City & State																															
Zip 32901		Country USA		Zip		Country																													
4. Date Incorporated or Qualified To Do Business in Florida 12/10/96				5. FEI Number 59-3417844																															
				Applied For Not Applicable																															
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status																															
7. Name and Address of Current Registered Agent																																			
Name Corporation Service Company																																			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street																																			
Suite, Apt. #, Etc.																																			
City Tallahassee				State FL		Zip Code 32301																													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: <u>[Signature]</u> as agent Date: <u>7/12/2000</u> REGISTERED AGENT MUST SIGN																																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																			
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P,D</td><td>Deborah L. Knight</td><td>442 S Atlantic Ave #2</td><td>Cocoa Beach, Fl 32931</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>								Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P,D	Deborah L. Knight	442 S Atlantic Ave #2	Cocoa Beach, Fl 32931																				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																																
P,D	Deborah L. Knight	442 S Atlantic Ave #2	Cocoa Beach, Fl 32931																																
10. 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: <u>[Signature]</u> Date: <u>7/10/00</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: <u>321-693-0103</u>																																			