

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -9 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100178

1. Corporation Name

Nature's Own Laboratories of
Florida, Inc.

2. Principal Office Address

2210 S. Atlantic Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Zip

32931

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 10, 1996

5. FEI Number

59-3417844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah L. Knight

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

484 Bella Camino Way

Suite, Apt. #, Etc.

City

Indialantic

State
FL

Zip Code

32903

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

Deborah L. Knight

REGISTERED AGENT MUST SIGN

Date

9-5-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PD</u>	<u>Deborah L. Knight</u>	<u>484 Bella Camino Way</u>	<u>Indialantic, FL 32903</u>

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:

Deborah L. Knight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-5-02

Daytime Phone #

321-784-2318

CR2E081 (9/01)

7/ 5/10/02

2 of 2

August 15, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Enclosed please find a completed UBR form for Nature's Own Laboratories of Florida, Inc. We would like to have this corporation reinstated. We have also enclosed a completed corporation reinstatement document for filing.

We have updated our registered agent to: Kevin Knight
Drage deBeaubien Romano Simmons &
Knight
332 North Magnolia Avenue
Orlando, Florida 32802

Additionally, we have corrected our mailing address to: 2210 South Atlantic Avenue
Cocoa Beach, FL 32931

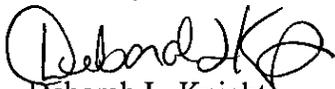
We have not been receiving our annual reports due to the incorrect address, which is why the reports did not get filed, and the corporation was ultimately dissolved.

We have enclosed a check for all fees needed to reinstate and bring the corporation active.

Please advise if any further information is needed.

Thank you for all your assistance on this.

Sincerely,



Deborah L. Knight
President