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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

9899AR

FILED

99 JAN 25 AM 11:27

Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 997000045699

Essence of Nature, Inc.
11120 S.W. 143 PL
Miami, FL 33186

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: TALLAHASSEE, FLORIDA

City and State: Zip Code:

3. If Principle Office Address is different from mailing address, enter address below:

Address:

City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: 5/22/97

5. FEI Number: 65-0754456

FEI Number Applied For: FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
P/D	Carlo Checkley	11120 S.W. 143 PL	Miami, FL 33186

200002755652-9

-01/26/99--01100--016

****300.00 ****300.00

1/20/99

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Thomas Olbe Jr
7380 S.W. 107 Ave #1104
Miami, FL 33186

9. If changed, new registered agent / office

Name: Carlo Checkley

Street Address (Do NOT Use P.O. Box Number): 11120 S.W. 143 PL

Street Address (Do NOT Use P.O. Box Number):

City: Miami State: FL Zip: 33186

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: Carlo Checkley

REGISTERED AGENT MUST SIGN

Date: 1/20/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Carlo Checkley

Date: 1/20/99

Daytime Phone #: (305) 380-0750

Typed or printed name of signing officer or director: Carlo Checkley

CR2ED040 (8/92)

Dear Department of State Division
of Corporations. I am writing this
letter to let you know that I
didn't receive any renewal forms
for my Corporation & I opened up on
5/22/97. My address has always been
11120 SW 143 PL Miami, FL 33186. I found
out that the address and name was
Thomas L. O'Be 7380 SW 107 Ave #104 Miami, FL 33196.
Name of Corporation is Essence of Nature Inc.
P97000045699

Carl Chetley