PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 29 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057258

1. Corporation Name

NATURAL INNOVATIONS INTERNATIONAL, INC.

REINSTATEMENT 2000-2001

900004663389--8
-11/02/01--01004--003
****900.00 ****900.00

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 1920 Palm Beach Lakes Blvd. | | Same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 204 | | | |
| City & State | | City & State | |
| West Palm Beach, FL | | | |
| Zip | Country | Zip | Country |
| 33409 | USA | | |

4. Date Incorporated or Qualified To Do Business in Florida: June 30, 1997

5. FEI Number: 65-0779571 ☐ 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: SETH M. LIPSON

Street Address (P.O. Box Number is Not Acceptable): 1920 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.: Suite 204

City: West Palm Beach | State: FL | Zip Code: 33409

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: September, 2001

CR2E081 (97/00)

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 |
|---|---|---|---|
| VP/D | PATSY FARLEY-POPE | 118 Aitken Circle | Markham, Ontario, Canada L3R 7L8 |
| VP/D | HAROLD WULFFHART | 255 Spinnaker Way | Toronto, Ontario, Canada L4K 4J1 |
| VP/D | ERIC KALISH | 17 Tresillian Road | Toronto, Ontario, Canada M3H 1L5 |
| | | | |
| | | | |
| | | | |

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: [signature] Eric Kalish — 905-948-8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #