

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

SEP 19 11:45

STATE OF FLORIDA  
 DEPARTMENT OF REVENUE



**REINSTATEMENT** 09-09

DOCUMENT # **P97000058415**

1. Corporation Name

**NATURAL SYSTEMS TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

**5408 WEBER PLACE  
 LAKELAND FL 33809**

**5408 WEBER PLACE  
 LAKELAND FL 33809**

If above addresses are incorrect in any way, line through incorrect information and enter correct information below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**3012 LALANI BLVD**  
 City & State  
**SARASOTA, FL**  
 Zip  
**34232**  
 Country  
**USA**

Suite, Apt. #, etc.  
**3012 LALANI BLVD**  
 City & State  
**SARASOTA, FL**  
 Zip  
**34232**  
 Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**07/02/1997**

5. FEI Number

**650-76-8376**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

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
MR	ROBERT T. HARRIS	3012 LALANI BLVD	SARASOTA, FL 34232

100002785751-4  
 -02/24/99--01070--023  
 \*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HARRIS, ROBERT T  
 5408 WEBER PLACE  
 LAKELAND FL 33809**

Name **(AS SHOWN)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3012 LALANI BLVD**  
 Suite, Apt. #, Etc

City  
**SARASOTA**

State Zip Code  
**FL 34232**

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

*Robert T. Harris* CEO  
 REGISTERED AGENT MUST SIGN

Date **1-8-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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:

*Robert T. Harris*, CEO  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-99 941-379-8492**  
 Date Typing Phone #

CR2000 (9/98)