

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 08-09

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.

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

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

9. Name and Address of New Registered Agent

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)