

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

792

DOCUMENT # P97000074873

01 OCT 24 AM 11:19

1. Corporation Name

NATURE COAST TREATS, INC.

Principal Place of Business

Mailing Address

370 SUZANNE DR  
SPRING HILL FL 34607  
US

12828 ROYAL GEORGE AVENUE  
ODESSA FL 33556



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3464169

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	KELLIN, DOUGLAS W	12828 ROYAL GEORGE AVE	ODESSA FL 33556
V	KELLIN, THOMAS W	16413 BIRKDALE DR	ODESSA FL 33556
T	KELLIN, VICKY L	12828 ROYAL GEORGE AVE	ODESSA FL 33556
			400004679434--9 -11/14/01--01089--023 ****550.00 ****550.00 SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLIN, DOUGLAS W  
12828 ROYAL GEORGE AVENUE  
ODESSA FL 33556

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/21/01

11. 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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/01 813 920-0661

202

**Nature Coast Treats, Inc.  
12828 Royal George Avenue  
Odessa, FL 33556**

October 16, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: P97000074873

Today I received a notice of Administrative Dissolution or Revocation. I did mail the original paperwork with a check. After speaking with you today it was determined that you sent back my original check and indicated that a penalty was owed. As of yet had not received my original check or paperwork. I have verified with the bank that the check was not cashed.

I have also enclosed a new check in the amount of \$550.00. Please re-instate this corporation effective immediately and waive all re-instatement fees.

Thank you for your prompt attention to this matter. If you have any questions you can reach me at (813) 920-0661.

Sincerely,

Vicky Kellin