

APPROVED  
AND  
FILED



# DIVISION OF CORPORATIONS

99 DEC 23 AM 9:00

**NATRIX, INC.**

pg 1 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

8511 MOURNING DOVE PLACE  
WESLEY CHAPEL FL 33544

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

3. New Mailing Office Address, If Applicable

**-4- Date Incorporated or Qualified  
To Do Business in Florida**

01/01/1998

Suite, Apt. #, etc.

City &amp; State

Country

**Zip**

Country

6.

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	4 City / State / Zip
V	David Sumpter	8511 Mourning Dove Pl	Wesley Chapel, FL 33544
P	Scott Emery	15910 Northlake Village Dr.	Odessa, FL 33556
			300003095253--2 -01/11/00--01099--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

### 9. Name and Address of New Registered Agent

CARREJA, MINDY L  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

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

Date \_\_\_\_\_

11. I certify that I am an officer or director of 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99  
Date

813-991-7812  
Daytime Phone #

DAVID Sumpter

0087172