

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PG 192

~~APPLICATION~~  
~~FOR~~  
~~REINSTATEMENT~~



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

FILED

00 OCT 16 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040780

1. Corporation Name

CASA NATURISTA CARAVACA-NATURISM AND PLANTS, IN  
CORPORATED

Principal Place of Business

Mailing Address

4636 PALM BEACH BLVD.  
FT. MYERS FL 33905

4636 PALM BEACH BLVD.  
FT. MYERS FL 33905



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

05/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0842066

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LOPEZ, JORGE	4636 PALM BEACH BLVD.	FT. MYERS FL 33905
			500003438085--2 -10/24/00--01092--020 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ, JORGE  
4636 PALM BEACH BLVD.  
FT. MYERS FL 33905

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

REGISTERED AGENT MUST SIGN

Date 10/13/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

Daytime Phone #

pg 2 of 2

Oct.13th/2000

DIVISION OF CORPORATIONS  
Annual Report/Reinstatement Section  
P.O.BOX 6327  
TALLAHASSEE, FL 32314

Gentlemen:

I just received from your office a Notice of Disolution or revocation of -my- Corporation. I am surprised with that notice, since I never received any notice of payment before that. I am including a check for \$150.00 to cover the annual fee for my Corporation. Please reinstatate it. My business are bad and I don't have the money to pay the penalty for reinstatement.

Thankyou for your attention.

Yours,



CASA NATURISTA CARAVACA  
JORGE LOPEZ -Pres.  
4636 Palm Beach Blv.  
Fort Myers, FL 33905