## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P98000065036

Name:

Address:

City-St-Zip:

CORDOVA, MANUEL A S

4726 W FLAGLER STREET

CORAL GABLES, FL 33134

Entity Name: NATURE'S TREASURE PRODUCTS, INC

FILED Feb 20, 2008 Secretary of State

Littly Nai	ile. NATOR	L3 TREASURE FRODUC	I G, IINC.			
Current Principal Place of Business:				New Principal Place of Business:		
4726 W FLAGLER ST CORAL GABLES, FL 33134				8355 JOHN YOUNG PARKWAY ORLANDO, FL 32819		
Current Mailing Address:				New Mailing Address:		
201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134				8355 JOHN YOUNG PARKWAY ORLANDO, FL 32819		
FEI Number:	65-0861103	FEI Number Applied For (	) FEI Numi	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
201 ALHAI STE 502 CORAL GA The above in the State	MANUEL M MBRA CIRCL ABLES, FL 3 named entity of Florida.  RE: MANUE	3134 US submits this statement for	the purpose of	changing its registere	ed office or registered agent, or both,	
Electronic Signature of Registered Agent					Date	
		93(2)(b), F.S., the corporation on grust Fund Contribution ( ).		e prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CORDOVA, N 4726 W FLAG		 	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CORDOVA, K 4726 W FLAC	) Delete ATHERINE BLER STREET .ES, FL 33134	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VPD (	) Delete	-	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL A. CORDOVA PRES 02/20/2008