

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077114

1. Corporation Name

INTO NATURAL PRODUCTS CORP.

Principal Place of Business

Mailing Address

12371 S.W. 132 CT
MIAMI FL 33186

12371 S.W. 132 CT
MIAMI FL 33186



REINSTATEMENT

99-00

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

09/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0877770

Not Applicable

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
PD	LIANO, EDUARDO	12371 S.W. 132 CT	MIAMI FL 33186
VPD	VELASQUEZ, DARIO	12371 S.W. 132 CT	MIAMI FL 33186
SD	DEL VALLE, MANUEL	12371 S.W. 132 CT	MIAMI FL 33186
			8000003136698--4 -02/16/00--01006--021 ****500.00 ****500.00
			2000003136702--0 -02/16/00--01006--022 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIANO, EDUARDO
12371 S.W. 132 CT
MIAMI FL 33186

Name 6000003136706--7
Street Address (P.O. Box Number is Not Applicable) 02/16/00--01006--023
****150.00 ****150.00
Suite, Apt. #, Etc.
City State Zip Code
FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/14/00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 (305) 968-3926