

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 OCT 16 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078421

1. Corporation Name

NATURAL ANSWERS, INC.

Principal Place of Business

Mailing Address

3050 N. HORSESHOE DR
STE 140
NAPLES FL 34104

3050 N. HORSESHOE DR
STE 140
NAPLES FL 34104

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/09/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3531698	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	FEINSTEIN, BRIAN	3050 HORSESHOE DR #140	NAPLES FL 34104
D	FEINSTEIN, JENNIFER	3050 HORSESHOE DR #140	NAPLES FL 34104
D	FEINSTEIN, ERIC	3050 HORSESHOE DR #140	NAPLES FL 34104
D	AUGUST, JERALD D	3050 N. HORSESHOE DR #140	NAPLES FL 34104
REINSTATEMENT			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FEINSTEIN, BRIAN 3050 HORSESHOE DR STE 140 NAPLES FL 34104		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		100003440371--6 -10/26/00 FL1033 ***750.00	

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

10/13/00

REGISTERED AGENT MUST SIGN

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

President & CEO

Date

10/13/00

Daytime Phone #

800-810-6067