

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION  
FOR



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

FILED

00 OCT 16 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000083704**

1. Corporation Name

**NATURAL ARTS MAINTENANCE, INC.**

Principal Place of Business

Mailing Address

10000 S.W. 64TH STREET  
MIAMI FL 33173

10000 S.W. 64TH STREET  
MIAMI FL 33173

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

09/29/1998

**TS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0919211**

Applied For

City & State

City & State

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
D	ANDERSON, TOD E	10000 S.W. 64TH STREET	MIAMI FL 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, TOD E  
10000 S.W. 64TH STREET  
MIAMI FL 33173

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/12/00**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*proe*

**10/12/00**

CR2E040 (8/00)

TO WHOM IT MAY CONCERN:

10/12/00

I AM SENDING YOU THE INFORMATION YOU REQUESTED.  
PLEASE DISREGARD LATE FEE PAYMENT ,FOR THIS THE THIRD  
TIME I SEND THE INFORMATION THAT WAS MISSING  
IN ORDER TO FILE FOR DIVISION OF CORP.

IF YOU HAVE ANY QUESTION PLEASE CALL AT (305)274-9538

THANK YOU,

TOD ANDERSON