

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000102285

1. Corporation Name

NATOUR INC.

Principal Place of Business

Mailing Address

1905 NW 21ST AVENUE  
FORT LAUDERDALE FL 33311

1905 NW 21ST AVENUE  
FORT LAUDERDALE FL 33311

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1998

5. FEI Number

65-0899950

Applied For

Not Applicable

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	NATOUR, ESA	1905 NW 21ST AVENUE	FORT LAUDERDALE FL 33311
D	NATOUR, DAVID	1905 NW 21ST AVENUE	FORT LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES J. GOLDMAN, P.A.  
601 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/30/2003

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:

ESA NATOUR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/2003 954 733 5666  
Daytime Phone #

CR2E040 (7/03)

Dec 30/2003

ESA NATOUR

1905 N.W 21 S AVE

I didnt received the original Application  
for my Corporation and I am sending  
the fee for these corp and thanks you  
very much

Latimer