

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 AUG 10 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036149

1. Corporation Name

NATURAL SCIENCE, INC.

Principal Place of Business

5425 S. SEMORAN BLVD., #A-3
ORLANDO FL 32822

Mailing Address

5425 S. SEMORAN BLVD., #A-3
ORLANDO FL 32822

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1999

5. FEI Number

59 3574359

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
DP	CATALFO, CHRIS	5425 S. SEMORAN BLVD., #A-3	ORLANDO FL 32822
DVST	MUSSARI, FRED	5425 S. SEMORAN BLVD., #A-3 1147 Wildflower Dr	ORLANDO FL 32822 Melbourne, FL 32940

100004547451-6

-08/21/01--01068--020

****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSSARI, FRED

~~5425 S. SEMORAN BLVD., #A-3~~
ORLANDO FL 32822

Name

Street Address (P.O. Box Number is Not Acceptable)

1147 Wildflower Dr

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 8/2/01

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED MUSSARI

8/2/01

Date

(321) 427-5508

Daytime Phone #

CR2E040 (8/00)