

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
OR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 16 PM 4:05

DOCUMENT # P99000061275

1. Corporation Name

NATURAL ALTERNATIVES TO MEDICINE, P.A.

Principal Place of Business

1963 NE SIXTH STREET
DEERFIELD BEACH FL 33441

Mailing Address

1963 NE SIXTH STREET
DEERFIELD BEACH FL 33441



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7300 N. Federal Hwy.

Suite, Apt. #, etc.

Suite #107

City & State

Boca Raton FL

Zip

33487

Country

USA

3. New Mailing Office Address, If Applicable

7300 N. Federal Hwy.

Suite, Apt. #, etc.

Suite #107

City & State

Boca Raton FL

Zip

33487

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1999

5. FEI Number

650934573

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LOFT, NANCY	1963 NE SIXTH STREET	DEERFIELD BEACH FL 33441
			100003552751--3 01/18/01--01005--004 ****150.00 ****150.00
			100003552751--3 01/18/01--01005--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LOFT, NANCY
1963 NE SIXTH STREET
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

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

Nancy Loft
REGISTERED AGENT MUST SIGN

Date 12/11/00

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:

Nancy Loft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/00 (561)999-8988
Date Daytime Phone #

CR2E040 (8/00)



DR. NANCY LOFT

7300 N. Federal Hwy.

Suite 107

Boca Raton, FL 33487

(561)-999-8988

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December 11, 2000

Re: P99000061275

Dear Florida Department of State,

I sincerely hope you can help me.

When I moved my office, my Corporate Papers were not forwarded with the rest of my mail.

The address you have is wrong.

I never received the renewal paperwork. My old (84 years old) neighbor found this document in my old mailbox and just decided to tell me about it. He was in the hospital for a long time.

I have notified the post office to make sure there are no more errors in my mail service.

When I called and explained this to the nice lady who answers your phone, she recommended that I write to you and explain what happened.

I am enclosing the \$150 renewal fee, and the proper and correct mailing information, so there are no more errors!!

Thank you very much for your kindness. I hope you enjoy a wonderful holiday season and have a healthy Happy New Year!

Please call me at #(561) 999-8988 if you have any questions!

Sincerely,

Nancy Loft

Dr. Nancy Loft

Natural Alternatives To Medicine