## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S09121

Entity Name: NATURAL LIVING, INC.

FILED Oct 10, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

955 SUNSHINE LN 2694 PEMBERTON DRIVE ALTAMONTE SPRINGS, FL 32714 US APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

P O BOX 160337 2694 PEMBERTON DRIVE ALTAMONTE SPRGS, FL 32714 US APOPKA, FL 32703 US

FEI Number: 59-3100744 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SNOW, JOHN
407 WEKIVA SPRINGS RD
501TE 229
502F APOPKA, FL 32703 US
503F AVP
2694 PEMBERTON DRIVE
APOPKA, FL 32703 US
503F APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE A. ALVAREZ 10/10/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALVAREZ, NOE' N.,
 Name:

 Address:
 595 EDEN PARK AVE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL
 City-St-Zip:

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALVAREZ, ISABEL,
 Name:

 Address:
 595 EDEN PARK AVE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

Name:ALVAREZ, JOSE AName:ALVAREZ, JOSE AAddress:1717 WATERBEACH CT.Address:1801 GRASMERE DRIVECity-St-Zip:APOPKA, FL 32703City-St-Zip:APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. ALVAREZ VP 10/10/2006