

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S36128

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: THE NATURAL COLLECTION, INC.

**Current Principal Place of Business:**

1326 THE POINTE DR.  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1326 THE POINTE DR  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 65-0402811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHAPMAN, VIRGINIA  
1326 THE POINTE DR  
WEST PALM BEACH, FL 33409 US

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

CHAPMAN, VIRGINIA  
1326 THE POINTE DR  
WEST PALM BEACH, FL 33409 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: VIRGINIA CHAPMAN

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CHAPMAN, VIRGINIA,  
Address: 1326 POINTE DR  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: CHAPMAN, VIRGINIA  
Address: 1326 POINTE DR  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIRGINIA CHAPMAN

PSD

01/19/2005

Electronic Signature of Signing Officer or Director

Date