

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



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

FILED
 01 JUL 27 AM 11:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **587318**
 1. Corporation Name
Natural Scientific, Inc.

800004523608--2
 -08/08/01--01013--012
 ****450.00 ****450.00

2. Principal Office Address
5486 Fairchild Rd.
 Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 5188
 Suite, Apt. #, etc.

City & State
Crestview Florida

City & State
Niceville Florida

Zip
32536 Country **USA**

Zip
32578 Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **10-14-91**

5. FEI Number
59-3091825

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jean S. Sanders

Street Address (P.O. Box Number is Not Acceptable)
1212 Oakmont Dr.

Suite, Apt. #, Etc.

City
Niceville

State
FL

Zip Code
32578

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Jean S. Sanders** Date **7/9/07**
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Jean S. Sanders	1212 Oakmont Dr.	Niceville FL 32578
Chairman	Charles E. Shanklin	P.O. Box 1531	Vieques, PR 00765
Secretary	Charles R. Shanklin	1763 Osprey Cove	Niceville, FL 32578
Treasurer			
			99-01 UBB

10. 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: **Jean S. Sanders** Jean S. Sanders 7/9/07 850-897-4002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

Natural Scientific, Inc.
P. O. Box 5188
Niceville, FL 32578

E-Mail JS4487@gnt.net

RE: S87318

6-19-01

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ATTN: REINSTATEMENT

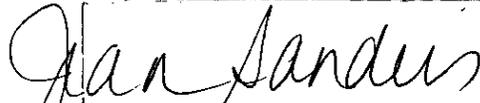
Dear Sirs:

Please reinstate our corporation in the name of Natural Scientific, Inc. document number S87318.

Our past mailing address at 5486 Fairchild Road in Crestview, FL is an obsolete mailing address. Please change our mailing address to the above post office box in Niceville. Can you please grace us the one time waiver due to the bad mailing address?

If you have any questions, you can call me at (850)897-4487.

Sincerely,


Jean Sanders, Manager