

**2022 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P17000014089

**Entity Name:** NATURAL THERAPY, INC

**Current Principal Place of Business:**

1667 S HWY 1792  
STE 109  
LONGWOOD, FL 32750

**Current Mailing Address:**

1667 S HWY 1792  
STE 109  
LONGWOOD, FL 32750 US

**FEI Number:** 36-4864768

**Certificate of Status Desired:** No

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

LANDERS, CHRIS  
5781 SAYBROOK CIRCLE  
SANFORD, FL 32771 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:** CHRIS LANDERS

03/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LANDERS, CHRIS  
Address 5781 SAYBROOK CIRCLE  
City-State-Zip: SANFORD FL 32771

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRIS LANDERS

PRESIDENT

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date