

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000074506

**FILED**  
**Aug 22, 2014**  
**Secretary of State**

**Entity Name:** HERBAZEST INC.

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
ORLANDO, FL 32819

**New Principal Place of Business:**

5401 S KIRKMAN RD  
310  
ORLANDO, FL 32819 US

**Current Mailing Address:**

5401 S KIRKMAN RD  
ORLANDO, FL 32819

**New Mailing Address:**

5401 S KIRKMAN RD  
310  
ORLANDO, FL 32819 UN

**FEI Number:** 47-1122666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

M. STEWART AND COMPANY  
115 TIMBERLACHEN CIRCLE  
STE 1013  
LAKE MARY, FL 32746 US

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

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: MARTA STEWART

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** KOECHLIN, ALFREDO  
**Address:** 5401 S KIRKMAN RD  
**City-St-Zip:** ORLANDO, FL 32819 US

**Title:** VP  
**Name:** KOECHLIN, ALVARO  
**Address:** 5401 S KIRKMAN RD SUITE 310  
**City-St-Zip:** ORLANDO, FL 32819 US

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: ALFREDO KOECHLIN

PSTD

08/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date