

S80K195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

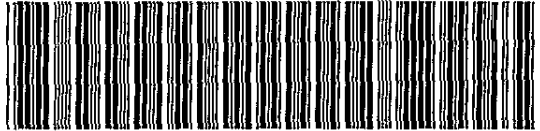
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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December 12, 2003

FEDERAL EXPRESS

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

Re: Herb Sci Corporation

Ladies and Gentlemen:

We represent Herb Sci Corporation (the "Corporation"). The Corporation wishes to dissolve its corporation status effective immediately. Therefore, I have enclosed Articles of Dissolution, together with a check in the amount of \$43.75 to cover the filing fee and the certified copy fee.

Please issue a validated copy of the above-referenced document and send to me in the enclosed self-addressed envelope.

Please be in touch with any questions.

Very truly yours,

GRAVEL AND SHEA

Peter S. Erly, Esq.

PSE:vss

Enclosures

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:

Herb Sci Corporation

SECOND: The document number of the corporation (if known): S80495

THIRD: The date dissolution was authorized: June 1, 2003

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)


- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____ (voting group)

Signed this 12th day of December, 2003

Signature: 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Peter S. Erly, Esq.
(Typed or printed name of person signing)

Assistant Secretary
(Title of person signing)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA