2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# F07000003940

Entity Name: HERBALSCIENCE, INC.

Current Principal Place of Business:

1004 COLLIER CENTER WAY, SUITE 200
NAPLES, FL 34110

New Principal Place of Business:

1004 COLLIER CENTER WAY, SUITE 200
#200
NAPLES, FL 34110

Current Mailing Address:

1004 COLLIER CENTER WAY, SUITE 200
NAPLES, FL 34110

New Mailing Address:

1004 COLLIER CENTER WAY, SUITE 200
#200
NAPLES, FL 34110

FEI Number: 26-0655719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MADONNA CUDDIHY /S/

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: GOW, ROBERT T
Address: 1004 COLLIER CENTER WAY, SUITE 200
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: MCCLELLAND, JOHN M
Address: 1004 COLLIER CENTER WAY, SUITE 200
City-St-Zip: NAPLES, FL 34110

Title: DT ( ) Delete
Name: GOW, KAY F ED.D.
Address: 1004 COLLIER CENTER WAY, SUITE 200
City-St-Zip: NAPLES, FL 34110

Title: P ( ) Delete
Name: KING, DAVID H.P.
Address: 1004 COLLIER CENTER WAY, SUITE 200
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete
Name: GOW, JIN TING
Address: 1004 COLLIER CENTER WAY, SUITE 200
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: KING, DAVID H.P.
Address: 1004 COLLIER CENTER WAY, SUITE 200
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAY F. GOW /S/ T 10/28/2008

Electronic Signature of Signing Officer or Director — Date