Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: (see attached)

CORPORATION REINSTATEMENT
HERB THYME FARMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

CR2E081 (11/09)

DOCUMENT # F07000004805

1. Corporation Name
Herb Thyme Farms, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8600 South Wilkinson Way		8600 South Wilkinson Way	
Suite, Apt. #, etc. Suite G		Suite, Apt. #, etc. Suite G	
City & State Perrysburg, OH		City & State Perrysburg, OH	
Zip 43551	Country USA	Zip 43551	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/27/2000

5. FEI Number 94-3378455 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date: 3-23-10
REGISTERED AGENT MUST SIGN Joyce Gilbert, Asst. Secretary

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	Matthew N. Dailey	8600 South Wilkinson Way, Suite G	Perrysburg, OH 43551
T	Timothy A. Cosline	8600 South Wilkinson Way, Suite G	Perrysburg, OH 43551
D	George S. Benson	8600 South Wilkinson Way, Suite G	Perrysburg, OH 43551
D	Jordan Owens	8600 South Wilkinson Way, Suite G	Perrysburg, OH 43551
			3/23

10. E-mail Address: mdailey@riverside Company.com
(To be used for future annual report notification)

11. 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. I further certify, 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: [signature] Jordan Owens 3/22/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #