

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

99 JUL -7 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004876

1. Corporation Name
K & S HERBS, INC.

Principal Place of Business 661 BLANDING BLVD 510 ORANGE PARK FL 32073 US	Mailing Address 6163 F REYNOLDS RD. MORROW GA 30260-1139
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-2101981	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PDC	FROST, KENNETH	7501 142 AVE., NORTH 692	LARGO FL 30246
VD	FROST, BONNIE J	7501 142 AVE., NORTH 692	LARGO FL 30246

900002946559-9
-07/30/99--01112--003
****465.00 ****465.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRONT, KENNETH 7501 142ND AVENUE, NORTH 692 LARGO FL 34841		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Sandra B. Mortham See Attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E040 (8/97)



JUL-08-99 WED 12:54 PM

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APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

REINSTATEMENT



DOCUMENT # F95000004876

K & S HERBS, INC.

Principal Place of Business

661 BLANDING BLVD
510
ORANGE PARK FL 32073
US

Mailing Address

6183 F REYNOLDS RD.
MORROW GA 30260-1139



1. If the corporation is a foreign corporation, the principal place of business in the United States, if any, and the name and address of the agent for service of process in the United States, if any, must be stated.

2. If the corporation is a foreign corporation, the principal place of business in the United States, if any, and the name and address of the agent for service of process in the United States, if any, must be stated.

City & State

City & State

4. Date Incorporated or Qualified To Do Business in Florida

10/09/1995

5. Filing Number

58-2101981

Applied For

Not Applicable

6. If the corporation is a foreign corporation, the principal place of business in the United States, if any, and the name and address of the agent for service of process in the United States, if any, must be stated.

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Board of Directors (at least 3 directors)

Title

Name

Address

City, State, Zip

PDC FROST, KENNETH

7501 142 AVE., NORTH 692

LARGO FL 33771

VD FROST, BONNIE J

7501 142 AVE., NORTH 692

LARGO FL 33771

8. Name and Address of Current Registered Agent

FRONT, KENNETH
7501 142ND AVENUE, NORTH 692
LARGO FL 33771

9. Name and Address of New Registered Agent

10. If the corporation is a foreign corporation, the principal place of business in the United States, if any, and the name and address of the agent for service of process in the United States, if any, must be stated.

11. If the corporation is a foreign corporation, the principal place of business in the United States, if any, and the name and address of the agent for service of process in the United States, if any, must be stated.

Ken Frost

REGISTERED AGENT

Date 7/7/99

11. This corporation owes or has paid the current Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation and that I have read the information provided in this application, the reason for dissolution has been provided, the taxes owed by the corporation have been paid and the names of the directors and officers of the corporation are true and accurate, and the signature of the officer or director is true and accurate.

SIGNATURE

Ken Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

7/7/99 770-389-7377
Filing Number

CHARGE: 1.47

Cathy Hymann.

I did not receive the application
for reinstatement for 97,
I went to activate 97, 98. Today!

Thank you
~~The List~~