PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00/01 WOR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 25 AM 10:39

DOCUMENT # F99000001056

1. Corporation Name
Orumila Herbs and Spices Inc.

2. Principal Office Address	3. Mailing Office Address
1922 Coolidge Street	1922 Coolidge Street
Suite, Apt. #, etc.: Rear Unit	Suite, Apt. #, etc.: Rear Unit
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33020 Country: U.S.A	Zip: 33020 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 4-01-99

5. FEI Number: 25-1741079 ☐ 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: Mr. Benjamin W. Lascelles

Street Address (P.O. Box Number is Not Acceptable): 7430 Meridian Street

Suite, Apt. #, Etc.:

City: Miramar State: FL Zip Code: 33023

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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: B W L Benjamin Lascelles
REGISTERED AGENT MUST SIGN

Date: 5/23/2001

CR2E061 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C.E.O	Mr. Benjamin W. Lascelles	7430 Meridian Street	Miramar, Florida 33023
Sect.	Mrs. Tina Benjamin	611 Camp Street	Pittsburgh, Penn. 15219
Treas.	Ms. Sasha Marie Benjamin	611 Camp Street	Pittsburgh, Penn. 15219
	201.25 - AR		
	10.00 - ARART		
	08.75 - ARSUP		

10. 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: Benjamin W. Lascelles 5-23-2001 (954) 963-3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To whom it may concern:

If you would please be so gracious, when the re-instatement processing has been completed, kindly fax over to myself a copy of the proof of Re-instatement and copy of the certificate of incorporation document. I would be most appreciative, as I am in great and urgent need to establish proof of compliance to receive licensing in the city of Hollywood.

That FAX number being: (954) 966-4983

Thank You for your cooperation -

Benjamin W. Lascelles