

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV -3 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K41419

1. Corporation Name

HEAVEN SCENT DISTRIBUTORS, INC.

Principal Place of Business Mailing Address  
10895 SW 90TH CT 10895 SW 90TH CT  
~~5525 LAKEWOOD CIRCLE NORTH~~ *delete* ~~5525 LAKEWOOD CIRCLE NORTH~~ *delete*  
OCALA FL ~~32068~~ Ocala FL-93069  
US US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 10895 SW 90th Ct, Ocala FL 34481  
3. New Mailing Office Address, If Applicable: [Blank]  
4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1988  
5. FEI Number: 65-0088033  
6. CERTIFICATE OF STATUS DESIRED [ ] \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, SIERENS, FRANCES, 10895 SW 90TH CT, Ocala FL.

8. Name and Address of Current Registered Agent: SIERENS, FRANCES, 10895 SW 90TH CT, Ocala FL 34481  
9. Name and Address of New Registered Agent: [Blank]

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: [Signature] Date: 10.30.97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]

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: [Signature] 10.30.97 352.237.2567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

(2)

HEAVEN SCENT DISTRIBUTORS INC.  
10895 S.W. 90 CT.  
OCALA, FL 34481

Please be advised that I never  
received any prior notices, due to  
the incorrect address. Please correct  
my address so I receive all notices  
from you. Enclosed is my check  
for the trip fee. Please call if  
you have any questions (352 237 2567)

Truly,  
Yours,  
John Scott  
John Scott Inc.