

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -4 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013059

Name and Mailing Address

0008016 01 FP 0.352 **PRSRT T8 0 0615 34239-394875



THE LITTLE HERBAL CO. U.S.A., LLC
2375 HYDE PARK STREET
SARASOTA FL 34239-3948

900008780599
11/04/02--01058--010 **150.00



2. New Mailing Address PO Box 5479		4. State/Country of Formation FL	
City, State, Zip SARASOTA, FL 34277-5479		5. Date Organized or Qualified To Do Business in Florida 08/02/2001	
Principal Place of Business 2375 HYDE PARK STREET SARASOTA FL 34239	3. New Principal Place of Business Address 1907 BAYWOOD DRIVE City, State, Zip SARASOTA, FL 34231	6. FEI Number 65-1142494	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent WALTON, EDWARD W 2375 HYDE PARK STREET SARASOTA FL 34239	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 10/29/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WALTON, EDWARD	2375 HYDE PARK STREET	SARASOTA FL 34239
MGRM	WALTON, MARY	2375 HYDE PARK STREET	SARASOTA FL 34239
MGRM	ROBINSON, GLYN	PO BOX 126	W YORKSHIRE, UK ENGLAND HD91Y-2
MGRM	ROBINSON, LESLEY	PO BOX 126	W YORKSHIRE, UK ENGLAND HD91Y-2
REINSTATEMENT <u>[Signature]</u> <u>dec</u>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 10/29/02 Daytime Phone # 941-925-8088

Typed or printed name of signing Managing Member/Manager EDWARD W. WALTON