

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:04

DOCUMENT # L02000011356

1. Limited Liability Company's Name

~~03/29/06 01013 001 **300.00~~

HERB-T.COM, LLC

2. Principal Office Address

502 S. HIGHLAND STREET

3. Mailing Office Address

502 S. HIGHLAND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mt. Dora, FL

City & State

Mt. Dora, FL

Zip

32757

Country

USA

Zip

32757

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

05/06/2002

6. FEI Number

75-3056339

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Betty Young

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

4047 SW 51st Court

Suite, Apt. #, Etc.

City

Ocala

000068942160

~~03/29/06 01013 001 **300.00~~

State
FL

Zip Code
34474

9. 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

Betty Young

REGISTERED AGENT MUST SIGN

Date 03/02/2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Mark A. Coussoule	502 S. HIGHLAND STREET	Mt. Dora, FL 32757
Secr.	Dawn Creekmore	502 S. HIGHLAND STREET	Mt. Dora, FL 32757
Tres.	Betty Young	502 S. HIGHLAND STREET	Mt. Dora, FL 32757
Oper. Dir.	Dale Joy	502 S. HIGHLAND STREET	Mt. Dora, FL 32757

11. 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

Betty Young

Date 3/02/2006

Daytime Phone# (352) 427-0665

Typed or printed name of signing Managing Member/Manager

Betty Young