

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M22634

Entity Name: MEDICINAL HERBS, INC.

FILED
Oct 23, 2009
Secretary of State

Current Principal Place of Business:

% ORESTES NOA
527 S.W. 15TH AVE.
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

% ORESTES NOA
527 S.W. 15TH AVE.
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-2621466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOA, ORESTES
527 S.E. 15TH AVE.
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELINA PENDAS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOA, ORESTES
Address: 527 S.W. 15TH AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: PENDAS, ELINA
Address: 828 S.W. 2ND ST.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELINA PENDAS

D

10/23/2009

Electronic Signature of Signing Officer or Director

Date