

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 26 AM 10:21

DOCUMENT # P01000109898

1. Corporation Name

Herbal Science Lab, Inc.

REINSTATEMENT 03-04

2. Principal Office Address
3512 Clark Rd

3. Mailing Office Address
3412 Clark Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34231 Sarasota

Zip Country
34231 Sarasota

4. Date incorporated or Qualified
To Do Business in Florida 10-23-2001

5. FEI Number 15149015
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Gholam Reza Moosa Panah

500035261395
05/03/04--01048--016 **300.00

Street Address (P.O. Box Number is Not Acceptable)
3412 Clark Rd #9

Suite, Apt. #, Etc.

City Sarasota

State Zip Code
FL 34231

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P.</u>	<u>MOOSA Panah, Gholam Reza</u>	<u>3412 Clark Rd #9</u>	<u>Sarasota, FL 34231</u>

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: G. Reza Moosa Panah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2004 941-928-4003
Date Daytime Phone #

**Herbal Science Lab, Inc.
3412 Clark Road, #9
Sarasota, FL 34231**

**Attn: Eula Peterson
Florida Department of State
Secretary of State
409 E gaines Street,
Tallahassee, Fl 32399**

April 16, 2003

Dear Miss Peterson,

This is to announce that Herbal Science Lab, Inc. is in business; however, I have recently noticed that in your record being "inactive". Last year, I did not receive the first and even second notices from the Division of Corporation office. However, I did send \$150 dollars without the application last year, but it was not withdrawn from my account. Therefore, the attached is a check for \$300 for the year 2003 and 2004. Please renew Herbal Science Lab, Inc.

Sincerely yours,

Dr. Reza Moosapanah