

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000017910

Entity Name: HIGH GRADE HERBAL INC

FILED
Nov 11, 2008
Secretary of State

Current Principal Place of Business:

5036 DR. PHILLIPS BLVD.
SUITE 166
ORLANDO, NY 32819

New Principal Place of Business:

5036 DR. PHILLIPS BLVD.
SUITE 166
ORLANDO, FL 32819

Current Mailing Address:

5036 DR. PHILLIPS BLVD.
SUITE 166
ORLANDO, NY 32819

New Mailing Address:

FEI Number: 20-4116308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, KAREN
5036 DR. PHILLIPS BLVD.
SUITE 166
ORLANDO, FL 32819 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: KAREN POWELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWELL, KAREN
Address: 5036 DR. PHILLIPS BLVD SIUTE 166
City-St-Zip: ORLANDO, FL 32776

Title: VP () Delete
Name: DEWAR, BRIANNE
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: POWELL, HOWARD
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

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: HOWARD POWELL

PD

11/11/2008

Electronic Signature of Signing Officer or Director

Date