PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMANDED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1796 NOY -8 AM 8: 54 **DOCUMENT #** P93000039914 SECRETARY OF STATE 1. Corporation Name PATCHOULI'S, INC. Principal Place of Business Mailing Address P-O-DOX-EH4 P-0-00X-2114 --SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 05/27/1993 Apt. #, etc <u>P.O.</u> 5. FEI Number Applied For 59-3170016 Not Applicable 6. Zip Country Zin Country CENTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must !!st at least 3 directors) er dikasi "Bahya Daga Tahibi Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip D BOSWELL, LINDA P 0 BOX 2114 N/A SANTA ROSA BEACH FL 32469 D FRIEDMAN, MARY 11357 THURSTON PL LOS ANGELES CA 90049 500002805385 -11/15/96--01008---008 ****375:00 ****375:00 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name **BOSWELL, LINDA** Street Address (P.O. Box Number is Not Acceptable) SEASIDE LOCATION **COUNTY ROAD 30-A** Sulte, Apt. *, Etc. SANTA ROSA BEACH FL 32459 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent

12. 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

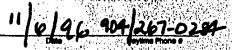
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Yes I

No D



11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.



(See other side for information on intangible tax.)