

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPROVED
AND
FILED**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1996 NOV -8 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039914

1. Corporation Name

PATCHOULI'S, INC.

Principal Place of Business

SANTA ROSA BEACH FL 32459

Mailing Address

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. P.O. Box 4637		Suite, Apt. #, etc. P.O. Box 4637		05/27/1993	
City & State		City & State		5. FEI Number	
				59-3170016	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BOSWELL, LINDA	P O BOX 2114 WA	SANTA ROSA BEACH FL 32459
D	FRIEDMAN, MARY	11357 THURSTON PL	LOS ANGELES CA 90049
			58882885385-1 -11/15/96--01008--008 ***375.00 ***375.00

REINSTATEMENT *also filed 11/14/96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BOSWELL, LINDA SEASIDE LOCATION COUNTY ROAD 30-A SANTA ROSA BEACH FL 32459		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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: *Linda Boswell* **REQUIRED** Date: 11/6/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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.

SIGNATURE: *Linda Boswell* **REQUIRED** Date: 11/6/96 904/267-0294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR32340 (7/95)