

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -4 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048141

1. Corporation Name

RAINFOREST BOTANICAL PRODUCTS, INC.

Principal Place of Business

7754 IRONHORSE BLVD
W. PALM BCH FL 33412
US

Mailing Address

7754 IRONHORSE BLVD
W. PALM BCH FL 33412
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1994

5. FEI Number

65-0520120

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	OSMAN, OLAUG	1600 E. PALM BEACH 7754 Iron Horse Blvd	JUPITER FL West Palm Beach, FLA

8. Name and Address of Current Registered Agent

COHEN, FRED C
712 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

olaug osman

Street Address (P.O. Box Number is Not Acceptable)

7754 Iron Horse Blvd

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33412

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-25-02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-02

Date

Daytime Phone #

Rainforest Botanical Products, Inc.
7754 Ironhorse Blvd
West Palm Beach, FL 33412
561-630-0159

November 20, 2002

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

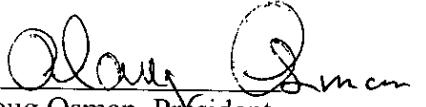
My name is Olaug Osman, and I am the president of Rainforest Botanical Products, Inc, a for profit corporation.

Please be advised that I just received a notice of dissolution for my corporation. Please note that this is the first notice I have ever received for not filing the Florida annual report. As you can see from previous years, I have always filed timely and always made payment timely.

I hereby request that you reinstate my corporation effective immediately, and willfully request that the \$600 reinstatement fee be waved, since I did sign and mail payment of the original return in a timely manner. In addition please note this is the first notice I have ever received. Had I received a previous notice, I would have addressed this situation sooner.

Should you have any questions, please do not hesitate to call me.

Sincerely,


Olaug Osman, President