

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
1998 FOR AR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1998 NOV 19 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048157

1. Corporation Name

GINSENG SELECT PRODUCTS, INC.

Principal Place of Business

Mailing Address

611 DRUID RD E  
SUITE 711  
CLEARWATER FL 34616

611 DRUID RD E  
SUITE 711  
CLEARWATER FL-34616 33756

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

33756

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1994

5. FEI Number

59-3258857

☒ 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)

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
DP	NACOL, T. PATRICK	611 DRUID RD E	CLEARWATER FL 34616
DVST	NACOL, T. PATRICK	611 DEUID RD E #711	CLEARWATER FL

000002700940--6  
-12/02/98-01093-037  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NACOL, T. PATRICK  
611 DRUID RD E  
SUITE 711  
CLEARWATER FL-34616 33756

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33756

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/13/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. PATRICK NACOL - PRESIDENT

11/13/98

Date

(727) 462-2220

Daytime Phone #

CR2E040 (8/98)

2

**GinSel<sup>sm</sup>**  
**GINSENG SELECT PRODUCTS INC.**  
611 Druid Rd. East, Ste 711  
Clearwater, FL 33756  
Tele. (813) 462-2220, Fax (813) 461-4828  
Nat'l (800) 889-5433

November 13, 1998

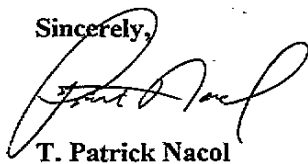
Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern:

As per our conversation today, I am submitting a fee of \$150.00 to reinstate this corporation. I did not receive any notification that the annual report was missing.

Thank you for your consideration in this matter.

Sincerely,



T. Patrick Nacol  
President