

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 9798
REINSTATEMENT



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

98 FEB -5 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010342

1. Corporation Name

INTERNATIONAL HERBAL DELIGHT, INC.

Principal Place of Business

2121 WEST COLONIA DR.
ORLANDO FL 32804
US

Mailing Address

204 WEST 19TH STREET
APOPKA FL 32703

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

02/04/1995

5. FEI Number

59-3297331

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
PD	WHITELY, LORINDA	204 WEST 19TH STREET	400002426444--8 -02/10/98--01036--003 APOPKA FL 32703 ****30.00 ****200.00 out
*PD	WHITELY, CALVIN	204 WEST 19TH STREET	APOPKA FL 32703
ST	WHITELY, MARY	204 WEST 19TH STREET	APOPKA FL 32703
			400002426444--8 -02/10/98--01036--004 ****30.00 ****50.00 9798 A. A. A. A. 2/5/98

8. Name and Address of Current Registered Agent

WHITELY, LORINDA S
204 WEST 19TH STREET
APOPKA FL 32703

9. Name and Address of New Registered Agent

Name

Calvin Whitely

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

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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]

REGISTERED AGENT MUST SIGN

400002426444--8

-02/10/98--01036--005

****150.00 ****150.00

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)(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:

CALVIN WHITELY - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

841-2787

Daytime Phone #