

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000010576

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Entity Name:** THE OLD PATH NATURAL HERBS, INC.

**Current Principal Place of Business:**

55 BRENT LANE  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

5042 MOBILE HWY  
PENSACOLA, FL 32526232 US

**New Mailing Address:**

**FEI Number:** 59-3303593      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, SYLVESTER  
55 BRENT LANE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SYLVESTER JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, SYLVESTER  
Address: 6345 ANTIETAM DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: VD ( ) Delete  
Name: JONES, DELOIS  
Address: 6345 ANTIETAM DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete  
Name: JONES, MARQUIS D  
Address: 6345 ANTIETAM DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete  
Name: JONES, SHAWNDR A G  
Address: 6345 ANTIETAM DR.  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVESTER JONES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/17/2006

\_\_\_\_\_  
Date