

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010576

1. Corporation Name

The Old Path Natural Herbs, Inc.

2. Principal Office Address - No P.O. Box #

3057 Liana Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32505

Country

Escambia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

February 6, 1995

5. FEI Number

59-3303593

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sylvester Jones

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

3057 Liana Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date October 8, 2008

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sylvester Jones	3057 Liana Lane	Pensacola, FL 32505
VP	DeLois Jones	3057 Liana Lane	Pensacola, FL 32505
Treas	Marquis Jones	3057 Liana Lane	Pensacola, FL 32505
Sec	Shawdra Jones	3057 Liana Lane	Pensacola, FL 32505
	Shawndra		

10. 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 contained in Chapter 119, 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:

Sylvester Jones, Pres

Sylvester Jones, Pres

10/08/08

850-477-6349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 14 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (10/08)

07-08

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10/14/08--01023--017 **300.00

10/14/08