

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1997 Annual Report		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000073223**

1. Corporation Name

ECSTA-SEA HERBS, INC.

Principal Place of Business

**2841 NE 23 STREET
FT LAUDERDALE FL 33305**

Mailing Address

**2841 NE 23 STREET
FT LAUDERDALE FL 33305**

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

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1995

5. FEI Number

65-0611740

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
PS	ELLIS, SANDRA B	2841 NE 23 STREET	FT LAUDERDALE FL 33305

**500002333195--7
-10/29/97--01116--D19
****165.00 ****165.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ELLIS, SANDRA B
2841 NE 23 STREET
FT LAUDERDALE FL 33305**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Sandra B Ellis

REGISTERED AGENT MUST SIGN

Date **Oct 23 1997**

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:

Sandra B Ellis Sandra B Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 23 1997 954-563-5212

CR2E040 (8/97)

P95000073223



Pg. 2

Oct 23, 1997

To: Florida Department of State

FILED
SECRETARY OF STATE
DIVISION OF RECORDS & COMMUNICATIONS
97 OCT 23 AM 9:51

I did pay this fee on Jan 5 1997.

I spoke to Andy Dunlap on October 23, 1997

After receiving the enclosed form and told him I paid in Jan. He said the post office tried to send me two notices but were not delivered to the same address that this form was mailed to.

He said to send a check for \$165⁰⁰ and the enclosed form back to the State.

SANDRA B. ELLIS
President

2405 Northeast 11th Avenue, Fort Lauderdale, FL 33305 954 563-5212