PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE APPLICATION AND Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1997 JAN -6 PH 2: 06 DOCUMENT # P95000078095 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name THE HERB GARDEN INC. Principal Place of Business Mailing Address 10432 US 19 "E" 10432 US 19 'E" PORT RICHEY FL 34668 PORT RICHEY FL 34668 If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10/09/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Add onal Fee re Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 10432 US HOUV 19 75 V Pres Secr 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BATDORF, KEITH Street 5543-EXECUTIVE DR. NEW PORT RICHEY FL 34652 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 Date ED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No Yes

CH2E040 (7/96)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 Date Daylime Phone 4

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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 filling 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