

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -1 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/02--01041--020

****750.00 ****750.00

DOCUMENT # P97000092961

1. Corporation Name

SYNERGETIC HERBS, INC.

admin dissolution for annual report 9/21/2001

REINSTATEMENT

01-02

2. Principal Office Address

4615 Bee Ridge Rd.

3. Mailing Office Address

4615 Bee Ridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34233

Country

USA

Zip

34233

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1997

5. FEI Number

650790630

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

James H. Martin

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

4615 Bee Ridge Rd.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

3/28/02

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
D	James H. Martin	4615 Bee Ridge Rd.	Sarasota, FL 34233

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/02

Daytime Phone #

CR2E081 (9/01)

BB