

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000060890

1. Corporation Name

THE HERB SHOP OF CENTRAL FLORIDA, INC.

Principal Place of Business

217 E HORATIO AVE
MAITLAND FL 32750

Mailing Address

217 E HORATIO AVE
MAITLAND FL 32750



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1998

5. FEI Number

NOT APPLICABLE

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	4 City / State / Zip
D	KEATON, DAVID	178 C SPRINGWOOD CIRCLE	LONGWOOD FL 32750

100009792021
01/02/02 01073 004 **150.00

8. Name and Address of Current Registered Agent

KEATON, DAVID W
217 E HORATIO AVE
MAITLAND FL 32750

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

David W. Keaton
REGISTERED AGENT MUST SIGN

Date

11/09/02

11. 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:

David W. Keaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/09/02

Daytime Phone #

CR2E040 (8/02)

The Herb Shop

217 E. Horatio Ave • Maitland, FL 32751 • 407.599.0406

December 30, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

Enclosed is my application for reinstatement for The Herb Shop of Central Florida, INC.

Due to last year's address change and miscommunications with my bookkeeper, I failed to file my "active" status in the required timely manner.

Please find enclosed the \$150.00 annual fee. I am requesting that that the restatement fee be waived for this year.

Your consideration in this matter is greatly appreciated.

Sincerely,


David Keaton