

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 PM 12: 59

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 198000087674
1. Corporation Name

HUESTON NATURAL PRODUCTS, INC.

REINSTATEMENT 05-06

2. Principal Office Address

3961 Almond Ave.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34234

Country

USA

3. Mailing Office Address

P. O. Box 51386

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1993

5. FEI Number

65-0872723

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 E. Toale

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

2750 Ringling Blvd.

Suite, Apt. #, Etc.

Suite 3

City

Sarasota

State

FL

Zip Code

34237

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/22/06

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	Daniel Hueston	P. O. Box 51386	Sarasota, FL 34232

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel Hueston

Date

11-22-06

Daytime Phone #