

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V01727

1. Corporation Name

HEARTLAND BOTANICALS, INC.

Principal Place of Business

418 MIRAMAR DRIVE  
LAKELAND FL 33803

Mailing Address

418 MIRAMAR DRIVE  
LAKELAND FL 33803

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

12/19/1991

5. FEI Number

59-3100547

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	NICHOLS, MICHAEL V.	<del>P O BOX 5273 (N/A)</del> 418 Miramar Rd	LAKELAND FL 33803
VP	AYALA, HECTOR	P O BOX 5273 N/A	IMMOKALEE FL
P	GUYAN, AYALA C	4306 SW 24TH CT	CAPE CORAL FL
ST	NICHOLS, ELIZABETH	418 MIRAMAR DRIVE	LAKELAND FL

REINSTATEMENT

98 B 12/8/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHOLS, MICHAEL V. 418 MIRAMAR DR. LAKELAND FL 33803	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
	3000002707959-0 -12/09/98-01105-024 ****750. State ****750.00 FL

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

*[Signature]*

Date Nov 13-98

REGISTERED AGENT MUST SIGN

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:

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

Date Nov 13-98 Daytime Phone # 941-888-8824