

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V52847

1. Corporation Name

HERBS OF LIGHT, INC.

Principal Place of Business

P.O. BOX 1648  
HIGH SPRINGS FL 32655

Mailing Address

P.O. BOX 1648  
HIGH SPRINGS FL 32655

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

07/21/1992

5. FEI Number

59-3135311

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARTENS, DEAN W.,	29315 NW CR #241	ALACHUA FL 32615

200008644862  
10/29/02--01038--012 \*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

MARTENS, DEAN W.  
29315 NW COUNTY RD 241  
ALACHUA FL 32615

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

*Handwritten signature*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-24-02

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:

*Handwritten signature*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-02

Daytime Phone #

CR2E040 (8/02)

*Herbs of Light, Inc.*

P.O. Box 1648 ♦ High Springs, FL 32655 ♦ 800-313-3001 ♦ FAX 800-837-2244

Thursday, October 24, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
POBox 6327  
Tallahassee, FL 32314-6327

The UBR notices were not received by Herbs Of Light so we are forwarding the filing fee of \$150.00 for reinstatement. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dean Martens', written over a horizontal line.

Dean Martens  
President

