

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V53269

1. Corporation Name

Brian's Botanicals, Inc.

W97-26570

Principal Place of Business

Mailing Address

4746 Javeline Circle  
Middleburg FL 32068

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

2-93

5. FEI Number

59-313 4408

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Brian Lozito	4746 Javeline Circle	Middleburg FL 32068
VP	Mark Lozito	4746 Javeline Circle	Middleburg FL 32068

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Brian Lozito

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

4746 Javeline Circle

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

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

*Mark Lozito*

REGISTERED AGENT MUST SIGN

Date

7-20-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Mark Lozito*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Lozito

7-20-98

Date

904-282-6467

Daytime Phone #

FILED

98 JUL 21 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*1080.00 \*\*\*1085.00

CR2040 (12/95)

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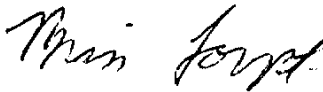
July 20, 1998

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
(904) 487-6059

Dear Sir or Madam,

This letter is to inform you that I never received a 1995 Annual report and would like these fees waved. I am enclosing a check #17120 for \$1080.00. Please issue a refund for any overage amount..

Respectfully,



Brian Lozito  
President  
Brian's Botanicals, Inc.

BRIAN'S BOTANICALS, INC. DBA J. W. FOLIAGE  
4746 JAVELINE CIRCLE  
MIDDLEBURG, FL 32068  
TELEPHONE: (904) 282-6467  
FAX: (904) 291-2066