PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 29 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708839

1. Corporation Name
Flowersview Industrial Inc.

W99-25859

Principal Place of Business / Mailing Address
1630 Flowers Dr.
Laurel Hill, Fla. 32567

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

REINSTATEMENT 96 99

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: April 26, 1965

5. FEI Number: 59-297-4816 — Applied SP / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee is 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Shirley M. McLaughlin	1630 Flowers Dr.	Laurel Hill, Fla. 32567
D	Maria Milton	952 Flowersview Blvd.	Laurel Hill, Fla 32567
D	Patricia Oates	1843 Flowers Dr.	Laurel Hill, Fla 32567
T	Bertha Williams	261 Flowersview Blvd.	Laurel Hill, Fla 32567
T	Ulysesse Wright	254 Richardson Rd.	Laurel Hill, Fla 32567
T	Willie M. Barnes	254 Richardson Rd.	Laurel Hill, Fla 32567

8. Name and Address of Current Registered Agent

Shirley M. McLaughlin
1630 Flowers Dr.
Laurel Hill, Fla 32567

9. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State / Zip Code: FL

000003072950--3
-12/16/99--01067--016
****428.75 ****428.75

CR2E061 (12/98)

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: Shirley M. McLaughlin — Date: 11-21-1999
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Shirley M. McLaughlin — 850-834-4981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #