

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 26 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000090263 1. Entity Name AMONG THE FLOWERS OF ST. AUGUSTINE, INC.		
Principal Place of Business 56 HYPOLITA ST. ST. AUGUSTINE, FL 32084		Mailing Address 56 HYPOLITA ST. ST. AUGUSTINE, FL 32084
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country		City & State Zip Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCBROOM, DAVE 56 HYPOLITA ST. ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: VP DAVE MCBROOM, VP 12/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD <input type="checkbox"/> Delete NAME MCBROOM, THERESE STREET ADDRESS 56 HYPOLITA ST. CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082683182 12/20/06--01051--013 **750.00	
TITLE VD <input type="checkbox"/> Delete NAME MCBROOM, DAVE STREET ADDRESS 56 HYPOLITA ST. CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD <input type="checkbox"/> Delete NAME CLOTIAUX, JOYCE STREET ADDRESS 56 HYPOLITA ST. CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: VP DAVE MCBROOM VP 12/15/06 904 216 9578 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 12/15/06 Daytime Phone #: 904 216 9578

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