

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 10 PM 12:31

DOCUMENT # P97000107884

1. Corporation Name  
CLAUDIA'S FLORIST, INC.

Principal Place of Business Mailing Address  
3700 N. HIGHWAY 19A 3700 N. HIGHWAY 19A  
MOUNT DORA FL 32757 MOUNT DORA FL 32757



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/24/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3488706	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P	RUSSELL, MICHAEL L	3700 N. HIGHWAY 19A	MOUNT DORA FL 32757
VP	Russell, Claudia S	3700 N. Highway 19A	Mount Dora FL 32757

000004780880--3  
-01/17/02--01005--028  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RUSSELL, MICHAEL L 3700 N. HIGHWAY 19A MOUNT DORA FL 32757		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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: *Michael L Russell* Date: 1-5-02

REGISTERED AGENT MUST SIGN

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: *Michael L Russell* Date: 1-5-02 (352) 735-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

**January 7, 2002**

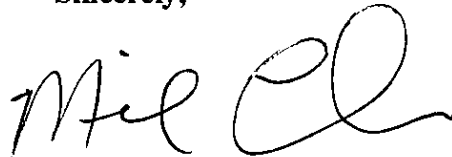
**Claudia's Florist Inc.  
3700 N. Hwy 19A  
Mount Dora, FL 32757  
(352)735-0012**

**To Whom It May Concern:**

**Please find enclosed a check in the amount of \$300.00 for 2001 and 2002 annual report fees. We did not receive the 2001 notice and were unaware a report needed to be filed.**

**We greatly appreciate your assistance in this matter. Should you have any questions, or require additional information, please do not hesitate to contact us.**

**Sincerely,**

A handwritten signature in black ink, appearing to read "Michael L. Russell". The signature is fluid and cursive, with the first name "Michael" written in a larger, more prominent script than the last name "L. Russell".

**Michael L. Russell  
President**