

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC -8 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 591852

1. Corporation Name

BLOSSOM WORLD BROMELIAS, INC.

Principal Place of Business

1405 PINE WAY
SANFORD FL 32773

Mailing Address

1405 PINE WAY
SANFORD FL 32773-7234
US

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

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1978

5. FEI Number

59-1886098

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FLOYD EDGAR MARTIN	1405 PINE WAY	SANFORD FL
DST	DAUBACH, ROGER	1405 PINE WAY	SANFORD FL

100002712211-7
-12/14/98--01135--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BARCO, CARROLL S
7130 S ORANGE BLOSSOM TRL
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name Floyd Martin
Street Address (P.O. Box Number is Not Acceptable)
1405 Pineway Drive
Suite, Apt. #, Etc.
City Sanford State FL Zip Code 32773

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

Floyd Martin
REGISTERED AGENT MUST SIGN

Date 14 Nov 98

11. This corporation owes or has paid 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:

Floyd Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

14 Nov 98 321.0838
Daytime Phone #