

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED
01 MAR 20 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 247039

1. Corporation Name
(SARAS) FLOWER FASHIONS INC.

2. Principal Office Address
1488 AVE I S.W.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL. 33880

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 5-5-1961

5. FEI Number
59-0931342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGE T. DUNLAP III

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

205 E. MAIN ST.

Suite, Apt. #, Etc.

2ND. FLOOR

City

BARTOW

State
FL

Zip Code
33830

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SARA J. DEES	1488 AVE. I S.W.	WINTER HAVEN, FL. 33880
VD	EARL DEES	1488 AVE. I. S.W.	WINTER HAVEN, FL. 33880
SDT	SHERRY FRANKLIN	1488 AVE. I S.W.	WINTER HAVEN, FL. 33880

10. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)

WILLIE MAY JEFFRIES P.A.
BOOKKEEPING AND INCOME TAX SERVICE

180 S. Broadway Ave.
P.O. Box 1214
Bartow, Fl. 33831
Office (863) 533-1416
Fax (863) 519-9846

March 14, 2001

FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

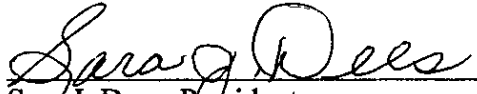
RE: (Saras) Flowers Fashions Inc.
59-0931342


To Whom It May Concern:

My office is the accountant for Saras Flower Fashions Inc. Neither Mrs. Dees nor our office received a Corporation reinstatement form for the years 2000 and 2001.

We are sending a new reinstatement form that Mrs. Dees requested from your office. A woman named Michelle from your office told Mrs. Dees to fill out this form and insert a check for \$300.00 to renew her Corporation up to date.

Sincerely,


Sara J. Dees, President


Michelle Robinson, Office Manager