

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 357196

1. Corporation Name

PREVATTE FLORISTS INC

Principal Place of Business

836 NORTH LAKE BLVD.
LAKE PARK FL 33408
US

Mailing Address

836 NORTH LAKE BLVD.
LAKE PARK FL 33408

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 01

4. Date Incorporated or Qualified To Do Business In Florida

12/23/1969

5. FEI Number

59-1284652

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	GRIMAIL, PAMELA	836 NORTH LAKE BLVD.	LAKE PARK FL
STD	HAWKINS, GERALD	1391 ALPHA CT., N.	W. PALM BEACH FL
VPD	GRIMAIL, DANIEL	4051 A PALM BAY CIR.	W. PALM BEACH FL
VPD	HAWKINS, CATHERINE	1301 ALPHA COURT N.	WEST PALM BEACH FL

000002380290-3
-12/23/97 0510466008
****750.00 ****750.00
12-20-97

8. Name and Address of Current Registered Agent

HAWKINS, GERALD L
1391 ALPHA CT., N.
WEST PALM BEACH FL 33406

9. Name and Address of New Registered Agent

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

Gerald L Hawkins

REGISTERED AGENT MUST SIGN

Date 12-1-97

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:

Gerald L. Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald L Hawkins 561-8481485

Date

Daytime Phone #

CR2E040 (8/97)