


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
	DOCUMENT # 593392 1. Corporation Name WHIDDEN'S FLORIST, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

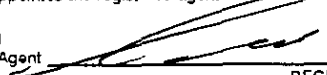
2. Principal Office Address 421 West Robertson St.		3. Mailing Office Address 421 West Robertson Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brandon, Florida		City & State Brandon, Florida	
Zip 33511	Country	Zip 33511	Country

REINSTATEMENT \$5.00

4. Date Incorporated or Qualified To Do Business in Florida 11/15/1978		SP Applied For Not Applicable
5. FEI Number 59-1827295		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name Michael S. Edenfield, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 206 Mason Street	
Suite, Apt. #, Etc.	
City Brandon	State FL Zip Code 33511

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*****2378.75 ***2378.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.	
Signature of Registered Agent 	Date 8/8/2000
REGISTERED AGENT MUST SIGN	

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	Roy Mabry, Jr.	5601 Providence Road	Riverview, FL 33594
STD	Barbara H. Mabry	5601 Providence Road	Riverview, FL 33594
V	Terrye L. Mabry	5601 Providence Road	Riverview, FL 33594
V	Letha A. Mabry	5601 Providence Road	Riverview, FL 33594

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: Barbara H. Mabry **8/08/00** **813/685-1013**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED01 (9/99)