

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 # 612713

1. Corporation Name

The Flower man, Inc.

Principal Place of Business

Mailing Address

same

5723 Sims Rd.

Delray Bch FL 33484

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

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/79

5. FEI Number

59-1945386

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Daniel L. Rauth	3931 TUSKEGEE Dr.	Lantana FL 33462
STD	Sharon Morgan-Rauth	3931 TUSKEGEE Dr.	Lantana FL 33462
D	Robert G. Rauth	3931 TUSKEGEE Dr.	Lantana FL 33462
			400002317594--2
			-10/10/97--01083--004
			***949.75 ***949.75
			10-9-97

8. Name and Address of Current Registered Agent

Robert G. Rauth  
3931 TUSKEGEE Dr.  
Lantana FL 33462

9. Name and Address of New Registered Agent

Name  
Daniel L. Rauth  
Street Address (P.O. Box Number is Not Acceptable)  
3931 TUSKEGEE Dr.  
Suite, Apt. #, Etc.

City  
Lantana FL  
State  
FL  
Zip Code  
33462

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

*[Signature]*

Daniel L. Rauth

Date 10/7/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sharon Morgan-Rauth

10/7/97

Date

561-498-4867

Daytime Phone #

CR2E040 (12/96)