

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 27 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708839

1. Corporation Name

The Flowersview Industrial, Inc.

000144592590
02/27/09--01006--023 **192.50

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

261 Flowersview Blvd.

3. Mailing Office Address

261 Flowersview Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Laurel Hill, FL

City & State

Laurel Hill, FL

Zip

32567

Country

USA

Zip

32567

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 4/26/1965

5. FEI Number
592974816

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

Maria Milton

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

Suite, Apt. #, Etc.

City

Laurel Hill, FL

State

FL

Zip Code

32567

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed 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

Maria Milton
REGISTERED AGENT MUST SIGN

Date 02/17/09

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
P-D	Leatha Wright	549 Richerson Rd	Laurel Hill, FL 32567
VP-D	Douglas Oates	22 Oates Lane	Laurel Hill, FL 32567
S-D	Patricia Oates	1843 Flowers Drive	Laurel Hill, FL 32567
T-D	Bertha Williams	453 Flowersview Blvd	Laurel Hill, FL 32567

REINSTATEMENT

07-09 B 2/27/09

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 contained in Chapter 119, 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:

Leatha Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/09

Date

Daytime Phone #