

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 OCT 19 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F44754**

1. Corporation Name

**BELLAIR FLORIST AND GIFTS, INC.**

Principal Place of Business

Mailing Address

326 BLANDING BLVD  
ORANGE PARK FL 32073

326 BLANDING BLVD  
ORANGE PARK FL 32073



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2137504

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	STEVENS, WILLIAM W JR	326 BLANDING BLVD	ORANGE PARK, FL 00000

200003027132--2  
-10/27/99--01106--008  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WADE, M. BURT  
772 FOXRIDGE CENTER DR. #142  
ORANGE PARK FL 32065

Name  
William W. Stevens Jr.

Street Address (P.O. Box Number is Not Acceptable)  
2807 Paces Ferry Road

Suite, Apt. #, Etc.

City  
Orange Park

State  
FL

Zip Code  
32073

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

*William W. Stevens Jr.*  
REGISTERED AGENT MUST SIGN

Date Oct. 14, 1999

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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:

*William W. Stevens Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 14, 1999  
Date

904-272-0300  
Daytime Phone #

CR25040 (8/95)