

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 28 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001744

1. Corporation Name

THE BLOOMING SOCIETY, INC.

2. Principal Office Address

324 N F. Street

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

3. Mailing Office Address

324 N. F. Street

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/98

5. FEI Number

F98000001744

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

JEAN BARNETT

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

324 N. F Street Lake Worth, FL 33460

Suite, Apt. #, Etc.

City

LAKE WORTH,

State

FL

Zip Code

33460

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/21/03

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	JEAN BARNETT	324 N. F ST	LAKE WORTH, FL 33460
VP	ADEYELA ALBURY	60 NW 140th Terr	MIAMI, FL 33055
S	JEAN BARNETT	SEE ABOVE	
T	CHRISTINE HANSEN	851 MANHATTAN AVE #3	BROOKLYN, NY 11222
D	PATRICIA RUBENELLI	1650 BLUE RIDGE MT RD	SAUGERTIES ,NY 11309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/03

561-640-0820

CR2E081 (10/02)