

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 16 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J00461

1. Corporation Name

Colonial House of Flowers, Inc.

2. Principal Office Address

5401 Sheridan Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/21/1986

5. FEI Number

592642650

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

R. Lynn Hoffman

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

17 SE 11th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

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
DP	R. Lynn Hoffman	17 SE 11th Street	Ft. Lauderdale, FL 33301

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

R. Lynn Hoffman, President

R. Lynn Hoffman

12.15.03

Date

904 923-4604

Daytime Phone #

CR2E081 (10/02)

Secretary of State

Re: Colonial House of Flowers, Inc.
Reinstatement

Dear Secretary of State.

This correspondence is a request that the penalty for not filing the Uniform Business Report be waived. We were in the process of merging Colonial House of Flowers, Inc. into another corporation at the beginning of the year and also removing certain officers and directors. We never received the UBR and therefore it was not filed. In addition we filed the merger and it was not until last week that we noticed it had not been filed either. We have never been late with the UBR in the past and we request the courtesy of this one time waiver of the penalty.

As a result I have enclosed the original amount due in the amount of \$150.00.

Should you have any questions please contact us at

2134 Hollywood Blvd.
Hollywood FL 33020

I appreciate your understanding in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. Lynn Hoffman", followed by a comma and the word "President".

R. Lynn Hoffman
President, Colonial House of Flowers, Inc.