

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
93-01 UBR
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 18 PM 4:17

DOCUMENT # J05092

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

First Florist of the Palm Beaches,
Inc.

2. Principal Office Address

1700 S. Dixie Hwy

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2660961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

1993-2001 UBR

7. Name and Address of Current Registered Agent

Name

Dominic Merelli

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

4501 S. Flagler Dr.

Suite, Apt. #, Etc.

City

W. Palm Beach, FL 33405

State

FL

Zip Code

33405

60000474496E-9

-12/31/01--01048-019

***1565.00 ***1565.00

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

[Signature]

Date 12/17/01

REGISTERED AGENT MUST SIGN

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	Dominic Merelli	4501 S. Flagler Dr. W. Palm Bch.	W. Palm Beach, FL 33405
S	Dominic Merelli	4501 S. Flagler Dr.	W. Palm Beach, FL 33405

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

Dominic Merelli

Date

12/17/01

Daytime Phone #

561832-8133

CR2E081 (9/00)

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DEC 18

December 17, 2001

Department of State
Division of Corporations – Reinstatement Dept.
PO Box 6327
Tallahassee, FL 32314

RE: 59-2660961
First Florist of the Palm Beaches, Inc.

To Whom It May Concern:

Please be advised that I am reinstating my Corporation. I did not realize that the Corporation had become dormant. I have moved several times since 1993 and never received notice from your department for renewal. If you could, please waive the reinstatement fees as we promise to keep it current from now on.

Regards,

Dominic Merelli
President