

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J74215

1. Corporation Name
Bir's Florist

Principal Place of Business Mailing Address
2133 North Andrews Ave

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5-22-87
City & State Wilton Manors, FL	City & State Florida	5. FEI Number 59-2815368
Zip 33311	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98

FILED
98 NOV -4 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Stacey L. Sawyer	2133 North Andrews Ave	Wilton Manors FL 33311

000002683350--9
-11/09/98-01098-005
****750.00 ****750.00

8. Name and Address of Current Registered Agent Robert W. Crawford 1215 E. Broward Blvd Ft. Lauderdale, FL 33301	9. Name and Address of New Registered Agent Name Calvin J. Schupner Street Address (P.O. Box Number is Not Acceptable) 6924 NW 6 Ct Suite, Apt. #, Etc. N/A City Margate State FL Zip Code 33063
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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 Calvin J. Schupner Date 11-2-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Stacey L. Sawyer, President 11-2-98 954-5661604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #