

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75859

1. Corporation Name

PAMPERED PETAL, INC.

Principal Place of Business

18683 W. DIXIE HWY.
NORTH MIAMI BEACH FL 33180
US

Mailing Address

18683 W. DIXIE HWY.
NORTH MIAMI BEACH FL 33180
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1987

5. FEI Number

59-2814401

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HOCHMAN, LORRAINE	3775 PICADILLY STREET	HOLLYWOOD FL

000002708060--S
-12/08/98--01111--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

FARBSTEIN, BEN I.
6200 STIRLING ROAD
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1
Date

305-937-0083
Daytime Phone #

2082

LEVI, CAHLIN & CO.
CERTIFIED PUBLIC ACCOUNTANTS

Allen S. Levi, C.P.A.
Richard A. Cahlin, C.P.A.
Marc A. Rosenbaum, C.P.A.
Susan Mann, C.P.A.

Members of:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

November 20, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Pampered Petal, Inc.
59-2814401

Dear Sirs,

Our client, the above referenced taxpayer, has asked us to write to you on their behalf regarding reinstatement of their corporation.

As per our client's conversation with Leslie in your office on November 19, 1998, they never received their 1998 Corporation Annual Report. They have been in business since 1987 and have always filed their annual reports in a timely manner.

Enclosed please find the taxpayer's application for reinstatement and a check payable to The Secretary of State in the amount of \$150. Please accept this filing fee as payment in full.

If I can provide you with any additional information do not hesitate to contact me.

Very truly yours,

LEVI, CAHLIN & CO.


Allen S. Levi

ALS/eo

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