

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
CORPORATIONS

00 DEC 21 AM 9:58

DOCUMENT # K10859

1. Corporation Name

Brown's Bountiful Baskets, Inc.

Principal Place of Business

**98 South Federal Highway
Boca Raton, FL 33432**

Mailing Address

**98 South Federal Highway
Boca Raton, FL 33432**

REINSTATEMENT

94-00

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

01/04/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650030247

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---|
| PVSTD | Miriam Brown | 98 South Federal Highway | Boca Raton, FL 33432 |
| | | | 000003536080--9 -01/12/01--01074--019 ***1650.00 ***1650.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

**Miriam Brown
98 South Federal Highway
Boca Raton, FL 33432**

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

x *Miriam Brown*

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: **x**

Miriam Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Miriam Brown, President

12/19/00
Date

561-395-2083
Daytime Phone #

AD

CR2E040 (12/96)