

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K77996**

1. Corporation Name

NORTH MIAMI BEACH FLORIST, INC.

Principal Place of Business

487
484 NE 167TH STREET
N. MIAMI BCH. FL 33162-3908

Mailing Address

487
484 NE 167TH STREET
N. MIAMI BCH. FL 33162-3908



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

03/28/1989

Suite, Apt. #, etc.

487 NE 167th STREET
City & State

Suite, Apt. #, etc.

487 NE 167th STREET
City & State

5. FEI Number

65-0109372

Applied For

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BERNSTEIN, RAFAEL	487 484 NE 167TH ST.	N. MIAMI BCH. FL 33162

200003488392--4
-12/05/00--01115--004
******150.00 ****150.00**

004BR 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNSTEIN, RAFAEL
487
484 NE 167TH ST.
N. MIAMI BCH. FL 33162

Name
Street Address (P.O. Box Number is Not Acceptable)
487 NE 167th STREET
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

RAFAEL BERNSTEIN
REGISTERED AGENT MUST SIGN

Date **11-9-00**

11. 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:

RAFAEL BERNSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X77996

NORTH MIAMI BEACH FLORIST INC
487 NE 167th STREET
NORTH MIAMI BEACH, FLORIDA 33162-3908
PHONE: 305-651-2040

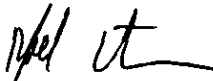
11/09/2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314
PHONE: 850-487-6059

TO WHOM IT MAY CONCERN:

WE RECENTLY RECEIVED THE ENCLOSED APPLICATION FOR
REINSTATEMENT. WE CALLED THE FLORIDA DEPARTMENT OF
STATE AND WAS INSTRUSTED TO WRITE THIS LETTER OF
EXPLANATION TO ABATE LATE & PENALTY FEES AND MAKE
CORRECTIONS WITH A CHECK FOR \$150. IT SEEMS THAT
THE ADDRESS WAS INCORRECT WHICH WAS THE REASON WE
DID NOT RECEIVE THE ORIGINAL MAILING. WE TRUST THAT
THIS IS SATISFACTORY.

YOURS TRULY



RAFAEL BERNSTEIN