

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L01000004416

FILED

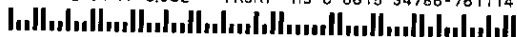
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004416

Name and Mailing Address

0010642 01 FP 0.352 **PRSRT H9 0 0615 34786-761114



WINDERMERE FLOWERS & GIFTS, LLC
3414 COCARD COURT
WINDERMERE FL 34786-7611



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3414 COCARD COURT WINDERMERE FL 34786		5. Date Organized or Qualified To Do Business in Florida 03/22/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3706674 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SCALO, JOSEPH F 3414 COCARD COURT WINDERMERE FL 34786		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Joseph F. Scalo</u> Date <u>20 Dec. 02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Jeana M. Scalo	3414 Cocard Ct.	Windermere, FL 34786
UP	Joseph F. Scalo	3414 Cocard Ct.	Windermere - FL 34786
REINSTATEMENT 2002			
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CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Joseph F. Scalo Date 20 Dec. 02 Daytime Phone # 407-909-0595

Typed or printed name of signing Managing Member/Manager Joseph F. Scalo