

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000009274

FILED
Dec 19, 2006
Secretary of State

Entity Name: GIBSONIA FLOWER SHOP, LLC

Current Principal Place of Business:

935 GIBSONIA-GALLOWAY
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

MR KENNETH SORAH
P.O. BOX 2334
PLANT CITY, FL 335642334

New Mailing Address:

FEI Number: 59-3723756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, JAMES K III
401 E. JACKSON STREET, SUITE 2500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES K. KENNEDY, III

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SORAH, MARILYN C
Address: PO BOX 2334
City-St-Zip: PLANT CITY, FL 33564

Title: ST () Delete
Name: SORAH, KENNETH W
Address: PO BOX 2334
City-St-Zip: PLANT CITY, FL 33564

Title: VP () Delete
Name: CAPE, KELLE E
Address: 905 N. BRACEWELL DR.
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COPE, KELLE E
Address: 905 N. BRACEWELL DR.
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARILYN C. SORAH

PRES

12/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date