


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

2003 APPLICATION FOR REINSTATEMENT UC UBR



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

02 DEC 30 AM 9:33

WJ 12/17/03

1. DOCUMENT # L01000013405  
Name and Mailing Address

0010738 01 FP 0.352 \*\*PRSRT HO 0 0615 34984-504130  
 SELECT FLORAL OF THE TREASURE COAST, LLC  
 130 SW PORT ST LUCIE BLVD  
 PORT ST LUCIE FL 34984-5041

100009744191  
12/30/02--01084--003 \*\*\$5.00

0410402 90087 031 \$55.00

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 130 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984		5. Date Organized or Qualified To Do Business in Florida 08/10/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent COOMBS, ERIC 130 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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>Eric Coombs</u> Date <u>11-18-2002</u> REGISTERED AGENT MUST SIGN			

CR2E084 (8/02)

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
MGRM	EDWIN C. Coombs	172 N.E. Twylite Ter.	Port St. Lucie, FL 34983
MORA	Connie W. Coombs	172 N.E. Twylite Ter.	Port St. Lucie, FL 34983

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 Edwin C. Coombs Date 11/18/02 Daytime Phone # 772-871-1801  
 Typed or printed name of signing Managing Member/Manager EDWIN C. Coombs

2 of 2

Flowers by Susan  
130 SW Fort St. Lucia Blvd  
Port St. Lucia, FL 34984  
12/27/02

Dear Sirs:

We sent our check in for \$50. — on Aug. 15,  
2002. This check was cashed by you on  
Aug. 22, 2002.

We are sending in this signed form &  
would appreciate being re-instituted.  
Thank you.

Sincerely,

Conce W. Coomb

P. S. There is a \$5.00 check enclosed  
for certificate of status.

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DIVISION OF CORPORATIONS  
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