

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L38462

Entity Name: FIELD OF FLOWERS, INC.

FILED  
Oct 29, 2009  
Secretary of State

**Current Principal Place of Business:**

5123 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5123 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 65-0180887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLIPSE, DONN F  
4822 GRANADA BLVD.  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

FLIPSE, DONN F  
3 GROVE ISLE DR # 502  
MIAMI, FL 33131 US

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: DONN F FLIPSE

10/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: FLIPSE, DONN F  
Address: 4822 GRANADA BLVD.  
City-St-Zip: CORAL GABLES, FL 33146

Title: ST ( ) Delete  
Name: FLIPSE, DONN K  
Address: 312 RIDGEWOOD RD  
City-St-Zip: CORAL GABLES, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: FLIPSE, DONN F  
Address: 3 GROVE ISLE DR # 502  
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONN F FLIPSE

CEO

10/29/2009

Electronic Signature of Signing Officer or Director

Date