
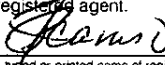
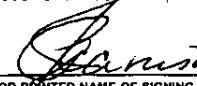


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L94000000349 1. Entity Name FLOURISHES, L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 NOV 12 PM 2:22	
Principal Place of Business 4140 LYRIC LANE PENSACOLA, FL 32514				Mailing Address 4140 LYRIC LANE PENSACOLA, FL 32514			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARUSO, JANET P 4140 LYRIC LANE PENSACOLA, FL 32514				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				JANET P. CARUSO		5 Nov 08	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARUSO, JANET P 4140 LYRIC LANE PENSACOLA, FL 32514 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 600137739366 11/07/08--01029--005 **138.75 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARUSO, MICHAEL L 4140 LYRIC LANE PENSACOLA, FL 32514 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<div style="display: flex; justify-content: space-between;"> <div> 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. </div> <div style="text-align: center;"> REINSTATEMENT 2008 </div> </div>							
SIGNATURE: 				5 Nov 08 (856) 475-1500			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	