

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUN -9 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96537

1. Corporation Name

FLOWERS DIRECT, INC

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5425 BEAUMONT CRR BLVD

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
920

City & State  
TAMPA FL

City & State

Zip  
33634

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/90

5. FEI Number

36-3727456

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	WILLIAM MCCLURE	18740 WIMBLEDON CIRCLE	LUTZ, FL 33549

200002208902-1  
-06/11/97-01078-003  
\*\*\*\*923.75 \*\*\*\*923.75

REINSTATEMENT

46-97

6-10-97

8. Name and Address of Current Registered Agent

DAVID L. PERRY  
4000 SOUTHEAST FINANCIAL CENTER  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

WILLIAM MCCLURE

Street Address (P.O. Box Number is Not Acceptable)

18740 WIMBLEDON CIRCLE

Suite, Apt. #, etc.

920

5425 BEAUMONT CENTER

Suite 920

City

TAMPA

Tampa

State

FL

Zip Code

33634

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

William McClure

REGISTERED AGENT MUST SIGN

Date

6/5/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(i), F.S. 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:

William McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/97

Date

813-243-1605

Daytime Phone #

CR20040 (12/96)