

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M21908

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 5:21

1. Corporation Name

Mardy's Flower Shop
6758 Hollywood Blvd.
Hollywood, FL 33024

Principal Place of Business

Mailing Address

(same)

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/04/85	
City & State		City & State		5. FEI Number	
Zip		Country		59-2619079	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				S8 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
President	Margaret Wheaton	same as	Hollywood, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	
Margaret Wheaton	
Street Address (P.O. Box Number is Not Acceptable)	
6758 Pines Blvd	
Suite, Apt. #, Etc.	
Pembroke Pines	
City	State Zip Code
Hollywood	FL 33024

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

Margaret Wheaton

REGISTERED AGENT MUST SIGN

Date

10/08/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 119.07(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:

Margaret Wheaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/99

Date

1-954-
962-6242

Daytime Phone #

CR2E01 (12/98)