

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF STATE

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DOCUMENT # M30193

1. Corporation Name

FLOWERS, FRUITS AND FANCIES, INC.

Principal Place of Business

Mailing Address

% GEORGIA PANTELIS
18170 W DIXIE HWY
N. MIAMI BEACH FL 33160
US

% GEORGIA PANTELIS
18170 W DIXIE HWY
N. MIAMI BEACH FL 33160
US

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

04/09/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2656098

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PANTELIS, GEORGIA	640 N.E. 116TH ST.	N. MIAMI FL 33161

300003496193-5
-12/12/00--01005--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PANTELIS, GEORGIA
640 N.E. 116TH ST.
NORTH MIAMI FL 33161

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

08/20/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/30/2000

307-7050038

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(2)

Am writing in regards to my
reinstatement -

until Oct. I had not received any
thing from you folks to ~~reinstall~~
my Occ. lic. When I did it was

to say it was being cancelled

& I then wrote a letter & sent
a check for the 150. Please sep
if we can get this reinstated

as I would never leave it go
had I gotten the statement
I moved to this address almost
a year ago & possibly the mail
was not forwarded

Please reconsider

Thank you Georgin

Pantler