PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		K S	DEPARTMENT OF STAT (atherine Harris ecretary of State SION OF CORPORATIONS	0.	2 MAR 29 AM 11: 14 ECRETARY OF STATE		
1. Corpora				IA	ECRETARY OF STATE LLAHASSEE, FLORIDA			
\mathcal{B}_{i}	onite F	Torist	IDC.					
2. Principa	Office Address	Bch. Rd	3. Mailing Off	fice Address SAME				
Suite, Apt. #, etc. Suite, Apt. #,			Suite, Apt. #, e	TAME		porated or Qualified siness in Florida 05/2	4/1988	
City & State DOU	Te 505	F1.	<u> </u>	SA ME	5. FEI Numb		Applied For Not Applicable	
341.	34 Countr	,EE	Zip	SAME	6.	E OC STATUS DECIDED 58.75 Add	ditional Fee required ertificate of Status	
	Name		7. No	ame and Address of Current Reg	istered Agent			
	Street Address (P.O. Box Number is Not Acceptable)							
	3600 BODITA DEACH ROAD					500005195 84/85/02	66 4 5	
	Suite, Apt. #, Etc.					****300.00	*****300.00	
	City BON	ITA SPO	7295			State Zip Code FL 34134		
8. I, being eppointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 3/23/03 REGISTERED AGENT MUST SIGN								
9. Names	and Street Addresses	of Each Officer and	Vor Director (Flor	ida nonprofit corporations must list	at least 3 directors)			
'Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	,	
\mathfrak{D}	Rochelle, MARLA			3600 BONTA BCH Rd.		BONITA 5095, FL. 34134		
D	Rochelle, LARRY		RY,	3600 BONITA BCh. Rd.		BONITA SAGS, FL 34134		
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10. 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 filling 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: Maria & Hale We 3/21/02 941-892-229 Bayling Dayling Prone #								

MARCH 02, 2002

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION TALLAHASSEE, FL 32314-6327

TO WHOM IT MAY CONCERN:

I SPOKE WITH WANDA TODAY REGARDING THE REINSTATEMENT OF MY CORPORATION, BONITA FLORIST INC. #M82218, OF WHICH I ENCLOSE A CHECK IN THE AMOUNT OF \$300.00.

I DID NOT RECEIVE ANY NOTICES OF RENEWAL OR DISSOLUTION OF MY CORPORATION. UNFORTUNATELY 2 YEARS AGO I WAS MOVING INTO A NEW BUILDING AND I ALSO AT THE SAME TIME SUFFERED THE LOSS OF MY MOTHER AND THE LOSS OF A CHILD ALL HAPPENING AT THE SAME TIME.

THANK YOU IN ADVANCE FOR YOUR CONSIDERATION OF THE REDUCTION OF ALL FEES REGARDING THIS MATTER..

THANK YOU K LOULELLE

MARLA R. ROCHELLE 3600 BONITA BEACH RD BONITA SPRINGS FL 34134

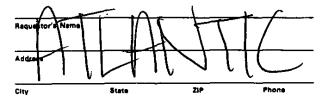
1-941-992-2229

Charter Number Only

VALIDATION

0 N L V

3/28/02 Everyn



CORPORATION(S) NAME

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		RECEIVE
(·) Profit () NonProfit	() Amendment	DRPCRATIO
() Foreign	() Dissolution	() Mark
Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
() Certified Copy	() Photo Copies	() Certificate Under Seal
() Call When Ready Walk In () Will W	() Call If Problem	() After 4:30 () Mail Out

S A ANGIN IN	() Asin Asin
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Availability	
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Exeminer	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	