

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N02000005333

1. Entity Name
PETALS OF PERSUASION, INC.

Principal Place of Business
1207 BROOK BEND ROAD
PENSACOLA, FL 32506

Mailing Address
PO BOX 3828
PENSACOLA, FL 32516-3828

2. Principal Place of Business
3243 Fresno Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
Pensacola, Florida

City & State

Zip
32526

Country
U.S.

Country

12222006 REIN-NP CR2E099 (11/05)

4. FEI Number
01-0660859

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, SABRINA M
3243 FRESNO AVENUE
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POUGH, KIMBERLY PO BOX 3828 PENSACOLA, FL 325163828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082813540 12/28/06--01010--023 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLDEN, FAYE PO BOX 3828 PENSACOLA, FL 325163828 <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	VD PRICE, TINA PO BOX 3828 PENSACOLA, FL 325163828 <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	TD HERRON, SHARON PO BOX 3828 PENSACOLA, FL 325163828 <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	SD HABER, DONALD PO BOX 3828 PENSACOLA, FL 325163828 <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	D PARKER, LEQUITA PO BOX 3828 PENSACOLA, FL 325163828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sabrina M Evans 12/27/06 (469) 236-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/28
aw