

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000001607

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** PINK ROSES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1555 SE POMEROY STREET  
STUART, FL 34997

**New Principal Place of Business:**

252 SE ILA STREET  
STUART, FL 34994

**Current Mailing Address:**

PO BOX 2741  
STUART, FL 34995

**New Mailing Address:**

252 SE ILA STREET  
STUART, FL 34994

**FEI Number:** 27-1915062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, CHRISTINA M  
1555 SE POMEROY STREET  
STUART, FL 34995 US

**Name and Address of New Registered Agent:**

MARTIN, CHRISTINA M  
252 SE ILA STREET  
STUART, FL 34994 US

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.

SIGNATURE: CHRISTINA M MARTIN

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTIN, CHRISTINA M  
Address: 252 SE ILA STREET  
City-St-Zip: STUART, FL 34994

Title: VP  
Name: SLONAKER, NICOLE  
Address: 252 SE ILA STREET  
City-St-Zip: STUART, FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA M MARTIN

PRES

03/22/2012

Electronic Signature of Signing Officer or Director

Date