PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION		=1
FOH-U2 REINSTATEMENT	WH	•
REINSTATEMENT		

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P0000061631

1. Corporation Name

BOULEVARD FLORISTS, INC.

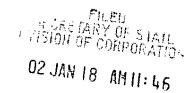
Principal Face of Business

Mailing Address

3770 WEST GULF TO LAKE HIGHWAY LECANTO FL 34461

3770 WEST GULF TO LAKE HIGHWAY

LECANTO FL 34461



1 A

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					05-16-01 90236 oug \$150.00					
			ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/26/2000				
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #,	, etc.							
City 8 State		City & State			5. FEI Number Applied F					
City & State City & State		City & State	,		36. Not Applicable					
Zip		Country	Zip	Co	untry		l * ·		75 Additional Fee required for a Certificate of Status	
7. Names	and Street Add	dresses of Each Officer and	l/or Director (Flo	rida nonprofit cor	porations mu	st list at lea	st 3 directors)			
Title(s)	le(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PSD	WARREN,	BRENDA L	3770 WEST GULF TO			LAKE HIGI	HWAY LECANTO FL 34461			
VTD	VTD CIANCI, CHERYL A			3770 WEST GULF TO LAKE HIGHWAY			HWAY	LECANTO FL 34461		
	A Nam	e and Address of Current	Pacistared Age		~ ~			00004795 -01/25/02 ****150.00	01020002 ****150.00	
					Name				[08]	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code							
10. I, being	appointed the	registered agent of the ab	ove named corpo	oration, am familia	ar with and a	ccept the ob	oligations of Secti	ion 607,0505, F.S.		
Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN								Date		
•				•				apter 607 or 617, F.S. I further of section 607.0401 or 617.04		

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

SIGNATURE: 🕒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

1-15-02

Daytime Phone #

as per my telephone Conversation to 850-245-6059 on 1-15-02. II did not Recieve any letter for Correction after I sent my Check on 150.00 (ck#265) and filed my Papers for Last year. It am asking you to waive the fees because of this situation. Person T am fitted Sending the year.

Year.

Thank you resident for Journal President Check for 150,00 for this president.

Thank you agree President.