

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 CORPORATIONS

02 JAN 18 AM 11:46

DOCUMENT # P00000061631

1. Corporation Name

BOULEVARD FLORISTS, INC.

Principal Place of Business

Mailing Address

3770 WEST GULF TO LAKE HIGHWAY  
LECANTO FL 34461

3770 WEST GULF TO LAKE HIGHWAY  
LECANTO FL 34461



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

06/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

264218033

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	WARREN, BRENDA L	3770 WEST GULF TO LAKE HIGHWAY	LECANTO FL 34461
VTD	CIANCI, CHERYL A	3770 WEST GULF TO LAKE HIGHWAY	LECANTO FL 34461

8000004795628-1  
-01/25/02--01020--002  
\*\*\*\*150.00 \*\*\*\*150.00

1/15/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Date

REGISTERED AGENT MUST SIGN

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 #

1-15-02

352-527-4400

CR2E040 (8/01)

AS per my telephone conversation  
to 850-245-6059 on 1-15-02.

I did not receive any letter  
for correction after I sent my  
check on 150.00 (ck#265) and filed my  
papers for last year. I am  
asking you to waive the fees  
because of this situation.

Also I am ~~filing~~ sending this  
paper and check for 150.00 for this  
year.

Thank You.  
Brenda Warren <sup>President</sup>