

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000099504**

1. Corporation Name

FLOWERS OF KEY WEST, INC.

Principal Place of Business

1418 2ND ST
KEY WEST FL 33040

Mailing Address

1418 2ND ST
KEY WEST FL 33040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2001

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MATTHEWS-JOHNSON, EILEEN	1418 2ND ST # 9 GEIGER Key	KEY WEST FL 33040

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 4TH ST, #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

Guy A. Willis CPA

2432 Flagler Ave.

Key West

FL

33040

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/8/02

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 REQUIRED

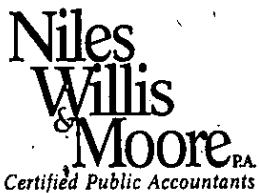
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/02

CR2E040 (8/02)



November 8, 2002

Secretary of State
Attn: Reinstatement Section
Divisions of Corporations
409 East Gaines
Tallahassee, Fl. 32399

Jack D. Niles, Jr., C.P.A.
Guy A. Willis, C.P.A.
Sharon A. Moore, C.P.A.

RE: Flowers of Key West, Inc. P01000099504
Uniform Business Report 2002
Reinstatement and abatement of late fees

Dear Sirs:

2432 Flagler Avenue
Key West, FL 33040
305 • 294 • 6606
Fax 305 • 294 • 0328

Enclosed is the above referenced client's UBR form, including a check in the amount of \$150 representing 2002 filing fees. Our client did not receive the 2002 UBR form for its annual filing with your office. It has come to our attention today that the client's corporation has been administratively dissolved for failure to file the UBR form.


The client's mailing address was changed several times during 2002 and as a result the UBR was not forwarded to the current address.

I hereby request that your office abate the late filing fees due to these circumstances.

If you require further clarification, please contact me at 305-294-6606. Thank you in advance for your cooperation in this matter.

Sincerely,

NILES, WILLIS & MOORE, P.A.


Tony Willis, CPA

GAW
Enclosures

CC: Eileen Johnson, Director