

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 OCT 24 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100647

1. Corporation Name

COUNTRYSIDE FLOWERS INC.

Principal Place of Business

5730 FLAMINGO RD  
COOPER CITY FL 33330

Mailing Address

5730 FLAMINGO RD  
COOPER CITY FL 33330

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

10/17/2001

5. FEI Number

65-1145171

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	TRUJILLO, JOSE A	5730 FLAMINGO RD	COOPER CITY FL 33330
VSD	TRUJILLO, ELEANA	5730 FLAMINGO RD	COOPER CITY FL 33330

400008574624

10/24/02--01089--016 \*\*150.00

8. Name and Address of Current Registered Agent

TRUJILLO, JOSE A  
5730 FLAMINGO RD  
COOPER CITY FL 33330

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-22-02

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

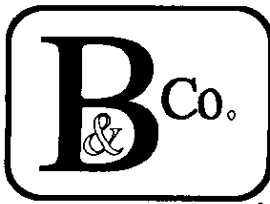
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 (954) 434-1210

Date

Daytime Phone #

CR2E040 (8/02)



**Branagan & Co.  
Certified Public  
Accountants P.A.**

9900 Stirling Road, Suite  
103  
Cooper City, Florida 33024  
Tel (954) 432-7706  
Fax (954) 432-3886

October 22, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. BOX 6327  
Tallahassee, FL 32314-6327

Re: COUNTRYSIDE FLOWERS, INC.  
EIN 65-1145171

Dear Sir or Madam:

We are in receipt of your notice of Administrative Dissolution of the above referenced corporation. Please be advised that the above referenced corporation was purchased by my clients on November 1, 2001. The original forms were never received by them because the new corporate name is so similar to the old corporate name, the mail was evidently forwarded to the previous owner.

We respectfully request that you accept the enclosed application and our check in the amount of \$150 to re-instate our corporation. The mail is no longer being forwarded and this problem should not occur again in the future.

Thanking you in advance for your consideration, we remain

Yours truly,

BRANAGAN & COMPANY, P.A.

Joann M. Branagan, CPA

Enclosure