

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000105229

**Entity Name:** M'S FLOWERS, INC.

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

**Current Principal Place of Business:**

4595 125TH AVE S  
WELLINGTON, FL 334498225

**New Principal Place of Business:**

4595 125TH AVE S  
WELLINGTON, FL 33449

**Current Mailing Address:**

4595 125TH AVE S  
WELLINGTON, FL 334498225

**New Mailing Address:**

**FEI Number:** 80-0005024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURRAY, LORI M  
4595 125TH AVE. SOUTH  
WELLINGTON, FL 334449 US

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

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: LORI M. MURRAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: MURRAY, DAVID F  
Address: 4595 125TH AVE. SOUTH  
City-St-Zip: WELLINGTON, FL 334449

Title: PD  
Name: MURRAY, LORI M  
Address: 4595 125TH AVE. SOUTH  
City-St-Zip: WELLINGTON, FL 33449

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI M. MURRAY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/22/2012

\_\_\_\_\_  
Date