

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000014011**

1. Corporation Name

FLOWERS BY THEA, INC.

Principal Place of Business

**1430 E. ATLANTIC BOULEVARD
POMPAÑO BEACH FL 33062**

Mailing Address

**1430 E. ATLANTIC BOULEVARD
POMPAÑO BEACH FL 33062**

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

02/04/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VON ISENBERG, MARTENS	1430 E. ATLANTIC BOULEVARD	POMPAÑO BEACH FL 33062
D	SPOONER, BETH	1430 E. ATLANTIC BOULEVARD	POMPAÑO BEACH FL 33062
D	JONES, RACHEL	1430 E. ATLANTIC BOULEVARD	POMPAÑO BEACH FL 33062

300023957693
10/20/03--01057--026 **150.00

8. Name and Address of Current Registered Agent

WOOD, THEODORE P
1430 E. ATLANTIC BOULEVARD
POMPAÑO BEACH FL 33062

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

Rachael Jones

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE:

Rachael Jones
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo

CR2E040 (7/03)



To Whom It May

Flowers by Thea

FLORAL DESIGNS & GIFT BASKETS FOR ALL OCCASIONS

10-14-2003

This letter is in regards to

FLOWERS BY THEA 1430 E ATLANTIC BLVD
POMPANO BEACH FL. 33060-6747
954-946-3250

Document No P02000014011

I spoke to someone on Monday 10-13-2004. The reason that the filing the renewal of my Corporate reinstatement I had a baby and was not in the shop for a few months. I never received the reinstatement paper to renew my annual corporation papers. I was told that if I would send in the \$150.00 now, that I could be reinstated. Thank you for your help in this matter.

Also I would like to take Beth Spooner off the corporate papers for she is no longer a part of the corporation any more.

Again I would like to thank you for helping in this situation

Rachael Jones