

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000018101

FILED  
Oct 22, 2004  
Secretary of State

**Entity Name:** FLORAL DESIGNERS, GIFTS & STUFF, INC.

**Current Principal Place of Business:**

2658 E. FOWLER AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

2658 E. FOWLER AVE.  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 02-0551118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

WARREN ACCOUNTING SERVICES  
30845 SAINT VINCENT CT.  
WESLEY CHAPEL, FL 33543 US

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: TOM WARREN

10/22/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOONAN, SINTRA  
Address: 12303 LANGSHAW DRIVE  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VSD ( ) Delete  
Name: RACCHA, SANDRA  
Address: 12303 LANGSHAW DRIVE  
City-St-Zip: THONOTOSASSA, FL 33592

Title: TD (X) Delete  
Name: MOONAN, DEBORAH  
Address: 12303 LANGSHAW DRIVE  
City-St-Zip: THONOTOSASSA, FL 33592

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: MOONAN, SINTRA  
Address: 12303 LANGSHAW DRIVE  
City-St-Zip: THONOTOSASSA, FL 33592

Title: PD (X) Change ( ) Addition  
Name: RACCHA, SANDRA  
Address: 12303 LANGSHAW DRIVE  
City-St-Zip: THONOTOSASSA, FL 33592

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM WARREN

PA

10/22/2004

Electronic Signature of Signing Officer or Director

Date