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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

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600.00  
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CORPORATION REINSTATEMENT

AWESOME BLOSSOMS & GIFT, INC.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$758.75 |

158.75

Electronic Filing Menu

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Help

DEC. 29. 2008 3:21PM

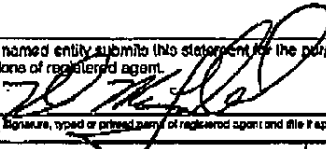
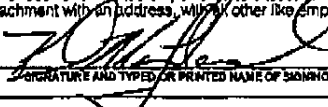
CAPITAL CONNECTION

NO. 0935

P. 2

**2008 FOR PROFIT CORPORATION  
REINSTATEMENT**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 29 AM 8:41

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                |                                                                                              |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000020005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                |                                                                                              |  |  |
| 1. Entity Name<br><b>AWESOME BLOSSOMS &amp; GIFT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                |                                                                                              |                                                                                   |  |
| Principal Place of Business<br><b>3780 E GULF TO LAKE HWY<br/>INVERNESS, FL 34453</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                | Mailing Address<br><b>3780 E GULF TO LAKE HWY<br/>INVERNESS, FL 34453</b>                    |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                | 3. Mailing Address                                                                           |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                | Suite, Apt. #, etc.                                                                          |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                | City & State                                                                                 |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                           | Zip            | Country                                                                                      | 4. FBI Number<br><b>26-1150558</b>                                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                |                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>KYLE, MCFARLAND<br/>3780 E GULF TO LAKE HWY<br/>INVERNESS, FL 34450</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                | 7. Name and Address of New Registered Agent                                                  |                                                                                   |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                | Street Address (P.O. Box Number is Not Acceptable)                                           |                                                                                   |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                | FL Zip Code                                                                                  |                                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                                                                                              |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                | DATE: <b>12/29/08</b>                                                                        |                                                                                   |  |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2009, Fee will be \$300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                        |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>MCFARLAND, KYLE</b>            | NAME           |                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3780 E GULF TO LAKE HWY</b>    | STREET ADDRESS |                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>INVERNESS, FL 34450</b>        | CITY-ST-ZIP    |                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>RIVERA, TRACEY</b>             | NAME           |                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3780 E GULF TO LAKE HWY</b>    | STREET ADDRESS |                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>INVERNESS, FL 34453</b>        | CITY-ST-ZIP    |                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | NAME           |                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | STREET ADDRESS |                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | CITY-ST-ZIP    |                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | NAME           |                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | STREET ADDRESS |                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | CITY-ST-ZIP    |                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | NAME           |                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | STREET ADDRESS |                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | CITY-ST-ZIP    |                                                                                              |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, will or other like empowered. |                                   |                |                                                                                              |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                | DATE: <b>12/29/08</b> 352-400-1883                                                           |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                | DATE                                                                                         |                                                                                   |  |