


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 1

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

DOCUMENT # P02000033179

1. Corporation Name

RAINBOW FLORIST, INC.

Principal Place of Business

Mailing Address

2525 AURORA ROAD
MELBOURNE FL 32935

2525 AURORA ROAD
MELBOURNE FL 32935

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2002

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
PSD	WEBSTER, FLORENCE R	2420 SUMMER BROOK STREET	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEBSTER, FLORENCE R
2420 SUMMER BROOK STREET
MELBOURNE FL 32940

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

Florence Webster

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

FILED

04 FEB 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



1/05/03 900 21 015 150.00

600029203326
02/23/04--01031--018 **750.00

CR2E040 (7/03)

P 272

Dear Glenda Hood:

I'm sorry this wasn't sent sooner. But I have been in Hospital in and out all year. I'm better now still have cancer.

So I'm sending you this check. If I have to do any thing else please let me know

Thank you
Florence Webster