

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000048772

1. Entity Name
NEW YORK NEW YORK FLOWER & PLANT
DECORATORS, INC.



FILED
05 DEC 28 PM 4:58

SECRET
TALLAHASSEE, FL

Principal Place of Business

4000 HOLLYWOOD BLVD
SUITE 435 SOUTH
HOLLYWOOD, FL 33021

Mailing Address

4000 HOLLYWOOD BLVD
SUITE 435 SOUTH
HOLLYWOOD, FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2005

4. FEI Number

82-0546809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MARK D
4000 HOLLYWOOD BLVD
SUITE 435 SOUTH
HOLLYWOOD, FL 33021

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COHEN, MARK D
STREET ADDRESS 4000 HOLLYWOOD BLVD SUITE 435 NORTH
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE P ☐ Delete
NAME MICHAEL, RISOLI
STREET ADDRESS 28 BUNKWOOD ROAD
CITY-ST-ZIP MOUNT VERNON, NY 10552

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #