

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 OCT 13 PM 4:05

DOCUMENT # **P02000080862**

1. Corporation Name

**AWESOME BLOSSOM NURSERY, INC.**

Principal Place of Business

**9817 BERRY DEASE ROAD  
ORLANDO FL 32825**

Mailing Address

**927 SONATA LANE  
ORLANDO FL 32825**



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

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/25/2002**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**542064316**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	DEBERRY, HEATHER A	927 SONATA LANE	ORLANDO FL 32825

900023751129  
10/13/03--01039--024 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DEBERRY, HEATHER A  
927 SONATA LANE  
ORLANDO FL 32825**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-13-03**

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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-13-03 321-303-1660**  
Date Daytime Phone #

CR2E040 (7/03)

I didnt recieve my application  
for, Awesome Blossom Nursery Inc.  
Corporation, annua report - uniform  
business report, their is a bad  
dog problem on the block. You  
can check with the U.S postoffice  
Please reinstate my application.

Thank You

Eip 542064316