

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

03 OCT 24 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000084421**

1. Corporation Name

**LAUREN'S FLOWERS, INC.**

Principal Place of Business

Mailing Address

**13140 CORONADO TERRACE  
NORTH MIAMI FL 33181**

**13140 CORONADO TERRACE  
NORTH MIAMI FL 33181**

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

2. New Principal Office Address, If Applicable

**13909 Deer Creek Dr.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**Same**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/05/2002**

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

City & State  
**Palm Bch Gardens, FL**  
Zip  
**33418** Country  
**USA**

City & State  
Zip  
Country

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
<b>P</b>	<b>ALEXANDER, LAUREN J</b>	<b>13140 CORONADO TERR.</b>	<b>N. MIAMI FL 33181</b>

8. Name and Address of Current Registered Agent

**ALEXANDER, LAUREN J  
13140 CORONADO TERRACE  
NORTH MIAMI FL 33181**

9. Name and Address of New Registered Agent

Name

**Lauren J. Alexander**

Street Address (P.O. Box Number is Not Acceptable)

**13909 Deer Creek Dr.**

Suite, Apt. #, Etc.

City

**Palm Bch Gardens**

State

**FL**

Zip Code

**33418**

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

**Lauren J. Alexander**  
REGISTERED AGENT MUST SIGN

Date

**10/20/03**

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:

**Lauren J. Alexander**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/20/03 561 694 1221**

CR2E040 (7/03)

Dear Sirs;

10/20/03

I recently moved and  
never received my renewal  
notice or Annual Report.

I apologize for any  
inconvenience.

Lauren J. Alexander  
President  
Lauren's Flowers, Inc.