

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000058310

FILED
Mar 16, 2005
Secretary of State

Entity Name: AFTER THOUGHTS FLORIST, INC.

Current Principal Place of Business:

6760 COLUMBIA AVE
LAKE WORTH, FL 33467

New Principal Place of Business:

450 NORTHLAKE BLVD
LAKE PARK, FL 33408

Current Mailing Address:

6760 COLUMBIA AVE
LAKE WORTH, FL 33467

New Mailing Address:

450 NORTHLAKE BLVD
LAKE PARK, FL 33408

FEI Number: 33-1059175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLYKAS, ROSEMARIE
6760 COLUMBIA AVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

GLYKAS, ROSEMARIE
450 NORTHLAKE BLVD
LAKE PARK, FL 33408 US

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.

SIGNATURE: ROSEMARIE GLYKAS

03/16/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLYKAS, ROSEMARIE
Address: 6760 COLUMBIA AVE
City-St-Zip: LAKE WORTH, FL 33467

Title: PVST () Delete
Name: GLYKAS, ROSEMARIE
Address: 6760 COLUMBIA AVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GLYKAS, ROSEMARIE
Address: 450 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33408

Title: PVST (X) Change () Addition
Name: GLYKAS, ROSEMARIE
Address: 450 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE GLYKAS

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

Date