

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

10FC


FILED

04 OCT 15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000091517

1. Entity Name
HUMBERTO'S FLORIST AND BRIDALS OF P.B., INC




Principal Place of Business Mailing Address
1775 S CONGRESS AVE 1775 S CONGRESS AVE
WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



10072004 REIN-P CR2E098 (6/04) **DM**

4. FEI Number
83-0373039 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CISNEROS, ANA L
3716 MERRILL AVE
WEST PALM BEACH, FL 33405

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, and agrees to be bound by the obligations of registered agent.

REINSTATEMENT

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CISNEROS, ANA L	
STREET ADDRESS	3716 MERRILL AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACAS-COOK, MARIA A	
STREET ADDRESS	4737 SUNSET LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600041904706
10/15/04--01072--020 *150.00**

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 report 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 life empowered.

SIGNATURE: *Ana Cisneros* **10/07/04 (561) 832-2146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

October 7, 2004

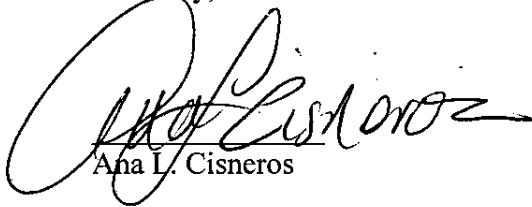
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Humberto's Florist and Bridals of P.B., Inc.
P03000091517

To Whom It May Concern:

I am writing because I called and explained that I never received the notification and was told to write and send in the reinstatement with the \$150.00.

Sincerely,



Ana L. Cisneros