

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000114317

1. Corporation Name

Dalia's Flower Gallery

2. Principal Office Address

6316 W Lantana Rd Ste 36

Suite, Apt. #, etc.

STE 36

City & State

Lake Worth FL

Zip

33463

Country

U.S.A

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

REINSTATEMENT
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

SEP 2004

5. FEI Number

41-2147608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dalia Taines

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

5485 Grand Park Pl.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/3/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Dalia Taines	5485 Grand Park Pl.	Boca Raton FL 33486

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/05
Date

(561) 357-9991
Daytime Phone #

11/3/05

Dear Sir's,

Please find enclosed my check for \$150.-.

I ask that you waive the Penalty, as this is a hardship issue.

This is my first year in business, which is not doing well.

A Death of my nephew who worked with me in Business, Two Hurricanes, & most recently a Robbery in my shop. All of this Facts can certainly be verified.

I am a Tax payer & have worked my heart out and the \$150.- penalty is a Great Deal for me.

Please waive this One time.

Thank you

Sincerely

Deelia Taines

President