

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000147605

1. Entity Name
SIMPLY ROSES FLORIST, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR -5 AM 8:00

Principal Place of Business

628 MASON AVE
DAYTONA BEACH, FL 32114 US
200 So. Nova Rd.
Suite E Ormond Bch. FL 32174

Mailing Address

628 MASON AVE 4643 Clyde Morris Blvd #308
DAYTONA BEACH, FL 32114 US
Apt Orange FL 32129

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number 20-3254766
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRUNO, STEVEN J~~ PATRICIA J BRUNO
~~24 CHOCTAW TRAIL~~ 15 Pine Hollow Way
~~ORMOND BEACH, FL 32174~~ Ormond Bch. FL.
32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia J. Bruno

3/27/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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
NAME
STREET ADDRESS
CITY - ST - ZIP
~~BRUNO, STEVEN J~~ ☒ Delete
24 CHOCTAW TRAIL
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BRUNO, PATRICIA J ☐ Delete
200 So. Nova Rd
Suite E
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
REINSTATEMENT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
06-07

TITLE
NAME
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☐ Change ☐ Addition
000097295420
04/18/07--01009--004 **300.00

TITLE
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☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE:

Patricia J. Bruno

Patricia Bruno

3/27/7

386-672-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #