


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000009250</b> 1. Entity Name <b>FLORAL ATMOSPHERE, INC.</b>			
Principal Place of Business <b>308 TEQUESTA DR STE 11 TEQUESTA, FL 33469</b>		Mailing Address <b>308 TEQUESTA DR STE 11 TEQUESTA, FL 33469</b>	
2. Principal Place of Business - No P.O. Box # <b>2109 S. U.S. Highway 1</b> Suite, Apt. #, etc. <b>Driftwood Plaza</b> City & State <b>Jupiter Florida</b> Zip <b>33477</b>		3. Mailing Address <b>2109 S. U.S. Highway 1</b> Suite, Apt. #, etc. <b>Driftwood Plaza</b> City & State <b>Jupiter Florida</b> Zip <b>33477</b>	
4. FEI Number <b>74 314 1084</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04122007 REIN-P CR2E098 (1/07)	
6. Name and Address of Current Registered Agent  <b>WALTHER, CYNTHIA A 308 TEQUESTA DR STE 11 TEQUESTA, FL 33469</b>		7. Name and Address of New Registered Agent Name <b>Walther, Cynthia A</b> Street Address (P.O. Box Number is Not Acceptable) <b>2109 S. U.S. Highway 1</b> <b>Driftwood Plaza</b> City <b>Jupiter</b> <b>FL</b> Zip Code <b>33477</b>	
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 <u><i>Cynthia A. Walther</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <u><i>4/12/07</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>		<b>\$300.00 check enclosed</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTHER, CYNTHIA A 308 TEQUESTA DR STE 11 TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Walther Cynthia A 2109 S. U.S. Highway 1 Driftwood Plaza Jupiter, Florida 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>REINSTATEMENT 06-07</b>		<b>000099263380</b> <b>04/30/07--01003--022 **308.75</b>	
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: <u><i>Cynthia A. Walther</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u><i>4/12/07</i></u>	
Home Business		561-747-2844 561-743-5700	