

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # POS000081379

1. Corporation Name

FLOWERS AND CREATIONS BY BLANCA

**REINSTATEMENT** 08-10

600177719516  
04/26/10--01059--017 \*\*1050.00  
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

1923 W. COLANS RD

3. Mailing Office Address

1923 W. COLANS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

Country

33064

USA

Zip

Country

33064

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/2005

5. FEI Number

202986836

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 BLANCA LOMBARDI

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

1923 W. COLANS RD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

PROFIT CORPORATIONS ONLY

☐ The \$800.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-21-2010

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
PT	LOMBARDI, BLANCA	1923 W. COLANS RD	POMPANO BEACH, FL 33064
VS	LOMBARDI, JOSEPH	1932 W. COLANS RD	POMPANO BEACH, FL. 33064

10. E-mail Address: BIANROSE@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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]

BLANCA LOMBARDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2010

Date

Daytime Phone #

954-701-6007