

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000087957

FILED
Jul 24, 2009
Secretary of State

Entity Name: MC COY'S NORTH PORT FLORAL COMPANY, INC.

Current Principal Place of Business:

13035 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

13035 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-3817151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDLEY, TONYA
13564 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TONYA MEDLEY

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, MICHELE C
Address: 726 EL RIO
City-St-Zip: NORTH PORT, FL 34287

Title: VST () Delete
Name: MEDLEY, TONYA
Address: 13564 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONYA MEDLEY

VST

07/24/2009

Electronic Signature of Signing Officer or Director

Date