

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
FILED

08 MAR 10 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000072521

1. Corporation Name

SILVIA'S FLOWER CORNER, INC.

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

9807 GULF DRIVE
ANNA MARIA FL 34216

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1045
ANNA MARIA FL 34216

Suite, Apt. #, etc.

City & State

ANNA MARIA FL.

City & State

ANNA MARIA FL.

Zip

34216

Country

USA

Zip

34216

Country

USA.

REINSTATEMENT 07-08^{KS}4. Date Incorporated or Qualified
To Do Business in Florida

5/22/06.

5. FEI Number

75-3219924.

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

SILVIA A ZADAROSNI.

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

9807 GULF DRIVE

Suite, Apt. #, Etc.

City

ANNA MARIA

State

FL

Zip Code

34216.

☒ The 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

Date

REGISTERED AGENT MUST SIGN

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
DP	SILVIA A ZADAROSNI	9807 GULF DRIVE	ANNA MARIA FL 34216
		05/07/07 90057 047 \$150.00	
		100120387241	
		03/11/09-01025-011 **\$150.00	

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 contained in Chapter 119, 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

Date

Daytime Phone #



611 26th Street West, Bradenton, FL 34205
Phone 941-748-4556 • Fax 941-749-0014
Email aacpacfp@aol.com

March 5, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Silvia's Flower Corner, Inc.
Annual Report

To whom it may concern:

Attached please find a completed corporation reinstatement form and a check in the amount of \$150.00.

A review of your files will show that the filer paid their 2007 annual report in a timely manner. Correspondence from the Division of Corporations never reached the filer requesting the FEIN of the business. As a result the filers corporation had a Admin. Desolution in September 2007.

At this time we request all penalties be abated and the corporation be reinstated.

Thanking you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jamie Clark". The signature is fluid and stylized, with the first and last names clearly legible.
Jamie Clark