# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 06, 2009**
**Secretary of State**

DOCUMENT# P08000035769

**Entity Name:** LABELLE FLOWER POWER, INC.

**Current Principal Place of Business:**

735 LIVE OAK LANE
LABELLE, FL 33935

**New Principal Place of Business:**

330 N. MAIN STREET
LABELLE, FL 33935

**Current Mailing Address:**

735 LIVE OAK LANE
LABELLE, FL 33935

**New Mailing Address:**

P.O. BOX 1529
LABELLE, FL 33975

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUNSON, ROBERTA
735 LIVE OAK LANE
LABELLE, FL 33935 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: ROBERTA MUNSON
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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition
Name: MUNSON, ROBERTA
Address: 735 LIVE OAK LANE
City-St-Zip: LABELLE, FL 33935

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: ROBERTA MUNSON P 10/06/2009
Electronic Signature of Signing Officer or Director Date