

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 23 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000057238*

1. Corporation Name
Blooming Gifts Florist, Inc

Principal Place of Business Mailing Address
*201 North Walker Street
Lake Wales, Florida 33853*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>Aug 13, 1993</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59-3192337</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <i>94-96</i>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<i>Pres-MD</i>	<i>Marion S. Kirkland</i>	<i>600 Carver Drive</i>	<i>Lake Wales, FL 33853</i>
<i>V. Pres</i>	<i>Albert Kirkland, Jr</i>	<i>220 Wetmore St</i>	<i>Lake Wales, FL 33853</i>
<i>Treas</i>	<i>Albert Kirkland, Sr</i>	<i>600 Carver Drive</i>	<i>Lake Wales, FL 33853</i>

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Marion S. Kirkland
600 Carver Drive
Lake Wales, FL 33853*

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. *300002046543--8*
City *-01/06/97--01025--005*
****775.00*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Marion S. Kirkland* Date *12-17-96*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Albert Kirkland Sr.* Date *12-17-96* Daytime Phone # *941-676-0727*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR