

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 APR 24 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

DOCUMENT # P93000058636

Corporation Name
DAISIES N' RAINBOWS, Inc.

Principal Office Address: 2167A SADLER RD
Mailing Office Address: 2167A SADLER RD

City & State: FERNANDINA BCH FL
Country: NASSAU
Zip: 32034

Date incorporated or Qualified To Do Business in Florida: 1993
FEI Number: 593191616
CERTIFICATE OF STATUS DESIRED [checked]

7. Name and Address of Current Registered Agent

Name: LINDA HARDEN
Street Address: 6474 HECKSCHER Drive
City: JACKSONVILLE
State: FL
Zip Code: 32224

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: Linda Harden

Date: 4/21/00

REGISTERED AGENT MUST SIGN

8. Names and Street Addresses of Each Officer and/or Director

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: Dir, LINDA HARDEN, 6474 HECKSCHER DR TAY FL 32224, JAX FL 32224.

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-05/03/00-01151-008
***1358.75 ***1358.75

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 under section 119.07(3)(f), 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: Linda Harden

Date: 4/21/00
Daytime Phone #: 904 277-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREATED (10/00)