

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

11/2

DOCUMENT # P94000027230

1. Entity Name  
SAMUEL'S FLOWERS, INC.



05 AUG 15 11 8:20

Principal Place of Business  
14801 NE 6TH AVE  
MIAMI, FL 33161 US

Mailing Address  
14801 NE 6TH AVE  
MIAMI, FL 33161 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 28098 (6/04)

05

4. FEI Number  
65-0483093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIEN-AIME, JEAN S  
14801 NE 6 AVENUE  
MIAMI, FL 33161

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$150.-

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SAMUEL, JEAN BIEN AIME  
14801 NE 6TH AVE  
N MIAMI, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/05

Date

305-821-8077

Daytime Phone #

AUG 17 2005

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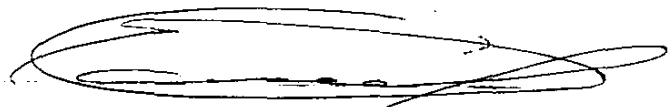
June 17, 2005

To Whom It May Concern:

Please be advised that, due to a major fire which caused an interruption in our mail delivery, I was unable to obtain my UBR before the May 1<sup>st</sup> deadline. Please accept our check for \$150.00 in full payment.

Thank you.

Respectfully,

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above the printed name.

J. Samuel Bien-Aime, Pres.