

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PO 172

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 05, 2004 8:00 A.M.
Secretary of State

DOCUMENT # **P94000075099**

1. Corporation Name

Georgia's Flower Shop, Inc.

2. Principal Office Address

21186 OLEAN BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 494125

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33952

Country

US

Zip

33949-4125

Country

US

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0530037

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

OAKS, DAVID K

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

252 W. MARION Ave.

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

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

REGISTERED AGENT MUST SIGN

Date

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
President	DiMAIO RINALDINI	2462 MAURITANIA Rd	PUNTA GORDA, FL 33982
Vice President	DiMAIO Viviane	2462 MAURITANIA Rd	PUNTA GORDA, FL 33982

700041679157
10/07/04--01069--010 **308.75

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 under section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/04

Date

Daytime Phone #

CR2E081 (01/04)

Pg 202

**Georgia's Flower Shop, Inc.
21186 Olean Blvd
Port Charlotte, FL 33952**

October 5th, 2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attention: Tina Roberts
Re: Corporation 65-0530037


Dear Mrs. Roberts:

As per our phone conversation today, because of the Post Office change of Mail Box addresses, our Corporation Form was returned two years in a row. Please find a check for the amount of \$308.75, covering the two unpaid years (2003 and 2004) of Georgia's Flower Shop, Inc.

We also added \$8.75 for a Certificate of Status that you can return in the enclosed pre-paid overnight envelope.

Thank you for your help during our phone conversation.

Truly yours,


Viviane Di Maio
Vice President.

P.S. Phone #
941-625-4355