

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 22 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000008762**

1. Corporation Name

CREATIVE DESIGNS AND FLOWERS, INC.

Principal Place of Business

Mailing Address

71 S.W. 132ND COURT
MIAMI FL 33184

71 S.W. 132ND COURT
MIAMI FL 33184

13330 S.W. 1ST STREET
MIAMI FL 33184

13330 S.W. 1ST STREET
MIAMI FL 33184

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0558144

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING

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
D	RIVERO, ELIZABETH	71 S.W. 132ND COURT	MIAMI FL 33184
		13330 S.W. 1ST STREET	MIAMI, FL 33184

300002014723--4
-11/26/96-0111-025
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERO, ELIZABETH A
71 S.W. 132ND COURT
MIAMI FL 33184
13330 S.W. 1ST STREET
MIAMI, FL 33184

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Elizabeth A Rivero President & Director

Date 11/2/96

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 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:

Elizabeth A Rivero President & Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/96 (304) 267-1344
Date Daytime Phone #

ELIZABETH A. RIVERO