

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 7950000 43989

1. Corporation Name
BETTY ANN FLORIST, INC

1097-72339

Principal Place of Business Mailing Address
221 N. US1
FT. PIERCE, FLA 34950

FILED

97 OCT 13 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 011-97

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 7-1-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 29 65-0589234	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
P/S/T	OPAL PURLEE	221 N. US1	FT. PIERCE, FLA 34950
			700002321217--1 -10/15/97--01087--029 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

RICHARD J. LYSTRA
1473 B CAPTAINS WALK
FT. PIERCE, FLA 34950

9. Name and Address of New Registered Agent

Name
OPAL PURLEE
Street Address (P.O. Box Number is Not Acceptable)
221 N. US1
Suite, Apt. #, Etc.
City
FT. PIERCE State FL Zip Code 34950

10. I, going 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 Opal A. Purlee REGISTERED AGENT MUST SIGN Date 10-10-97

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: Opal A. Purlee, Pres. 9-23-97 561-461-0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)