

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

97 OCT 13 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

65-0589234

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|--|--|---|
| 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-97
Date

Date

561-461-0957
Daytime Phone #

Daytime Phone #

CR2E040 (12/95)