PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Sandre B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000058418 DOCUMENT #

1. Corporation Name

FLORAL SELECTIONS, INC.

Principal Place of Business

Mailing Address

FILED

98 APR -3 AM 5: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2943 OAKBROOK DR FT LAUDERDALE FL 33332				2943 OAKBROOK DR FT LAUDERDALE FL 33332						
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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 Malling Office Address, if Applicable & Communication of the Communication of th						Date Incorporated or Qualified To Do Business in Florida 07/28/1995				
Suite, Apt. #, etc. Suite, Apt. #,				, etc.	·	5. FEI Number Applied For			Applied For	
City & State Longwood FC City & State				swood, Fl			59-3379918 Applied For Not Applicable			
Zio 327	50	Semine	/ Zip - 5		eminok.	•	OF STATUS DESIRED	\$8.75 Addition	nal Fee required cate 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 Offi and/or Direc		Sti On NOT	Street Address of Each Officer and/or Director Office Box Numbers) City / State / Zip					
#110	WEBSTER, GARY			 	2048 OAKBROOK BR			FT LAUDERDALE FL 33322~		
NO AIL	P P/P WESSTER, GMII				811 Lewis Place			Longwood, FL32750		
MP	WHITLOCK, CAROLYN			2043 OAKBROOK DR			FT LAUDERDALE FL 03322			
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-7	8. Nan	e and Address of C	urrent Registered Ag	ent		9. Name and A	ddress of New Regis	stered Agent	7	
WIENER: MARYIN I					Name Gang Webster					
		ZEGNL BLVD			Street Address (P.O. Box Number is Not Acceptable)					
SUITE	900		_		Suite, Agt. #, Etc.					
CORAL GABLES FL 33134										
					City Longwood FL 32750					
10. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S.										
Signature of Registered Agent Websele Date 3-10-98 REGISTERED AGENT MUST SIGN										
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No										
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 filling 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: 3-10-98 407 32 40648 SIGNATURE: Date Daylime Phone #										