

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 16 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096817

1. Corporation Name

Floral Trends Inc.

2. Principal Office Address

824 S. Tamiami Tr.

Suite, Apt. #, etc.

City & State

Osprey FL

Zip
34229

Country

USA

3. Mailing Office Address

4024 Palau Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34241

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-22-95

5. FEI Number

65-0678023

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

Theresa W. Kleismit

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

4024 Palau Dr.

Suite, Apt. #, Etc.

City

Sarasota, FL

State

FL

Zip Code

34241

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

Theresa W. Kleismit

REGISTERED AGENT MUST SIGN

Date

4-15-05

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
Pres.	Russell B. Kleismit	4024 Palau Dr.	Sarasota, FL 34241
V. Pres.	Theresa W. Kleismit	4024 Palau Dr.	Sarasota, FL 34241

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:

Theresa W. Kleismit

Theresa W. Kleismit

Date

4-15-05

Daytime Phone #

941-966-2101

CR2E081 (01/05)