

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -8 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P-96000002815

1. Corporation Name Palm Beach Gardens Florist Inc

2. Principal Office Address

9091 N Military Tr

Suite, Apt. #, etc.

11

3. Mailing Office Address

9091 N Military Tr

Suite, Apt. #, etc.

11

City & State

Palm Beach Gardens FL

Zip

33418

Country

USA

City & State

Palm Beach Gardens FL

Zip

33418

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/5/1996

5. FEI Number

65-0638087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 97-02**

**7. Name and Address of Current Registered Agent**

Name

Monica Turpie

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

12778 67th ST N

Suite, Apt. #, Etc.

n/a

City

West Palm Beach

State

FL

Zip Code

33412

700005064827-1

-03/07/02-01061-022

\*\*\*\*750.00 \*\*\*\*750.00

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

Monica Turpie

Date

1/18/02

REGISTERED AGENT MUST SIGN

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
<u>PT/S</u>	<u>Monica Turpie</u>	<u>12778 67th ST N</u>	<u>West Palm Beach FL 33412</u>
<u>✓</u>	<u>Michael Turpie</u>	<u>12778 67th ST N</u>	<u>West Palm Beach FL 33412</u>

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\*\*\*\*750.00 \*\*\*\*750.00

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:

Monica Turpie

Monica Turpie

Date

1/18/02

Daytime Phone #

561-626-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)