

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 23 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **996000096390**

1. Corporation Name **Flowers From THE RainFlorist, Inc**

**100029379404**  
02/25/04--01015--001 \*\*300.00

2. Principal Office Address

**3801 N. University Dr #202**

Suite, Apt. #, etc.

**#202**

City & State

**Sunrise, FL**

Zip

**33351**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1996**

5. FEI Number

**65-0723301**

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

**SHERILYN Tannozzini**

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

**11231 NW 27th**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33323**

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

**Sherelyn Tannozzini**

REGISTERED AGENT MUST SIGN

Date **2/18/04**

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	SHERILYN Tannozzini	11231 NW 27th	Plantation, FL 33323
Treas	Shannon Coffey	2616 NW 107th Ave	Sunrise, FL 33322

**2/23**

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:

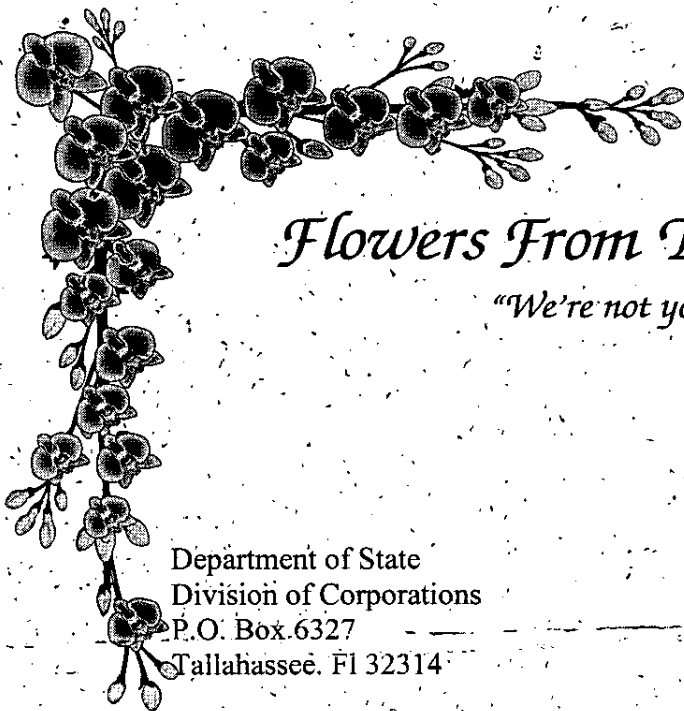
**Sherelyn Tannozzini**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



## *Flowers From The Rainflorist, Inc.*

*"We're not your ordinary florist"*

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

February 9, 2004

Dear Sirs,

Per my conversation earlier this morning with the Reinstatement Clerk, I am sending a request for reinstatement for our company, Flowers From The Rainflorist. As I discussed with the Clerk, we did not receive an Annual Corporate Form in 2003 or this year either. We recently had to replace our Accountant and in reviewing issues that have not been completed, we found that our Corporation has been dissolved. We truly appreciate your assistance on this issue,

Thank you,

  
Sherilyn Tannozzini

CK# 1281 \$300.00



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