2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000058495  1. Entity Name FLOWERS BY KATHY, INC.							ED O PH 5: 50 CE STATI	) E.				
Principal Place 4448 N.E. 20 FT. LAUDERD	TH AVENUE	<u>:</u>	Mailing Address 4448 N.E. 20TH AVENUE FT. LAUDERDALE, FL 33305			SECRETAL RIFTING	ARY OF STATE SSEE, FLOAR	DA MEMJ	T O	<b>U</b>		
2. Principal Pl	ace of Busin	ness	3. Mailing Address								r=1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11022004	REIN-P	CR2E0	98 (6/04)			
City & State			City & State			4. FEI Numbe 59-184				plied For Applicable	}	
Zip		Country	Zip Cour		try	5 Certificate of Status Desired S8.				75 Additional		
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent								
14000411			Name	<u></u>				. ي جو	ļ			
MORGAN, 4448 N.E. : FT. LAUDE	20TH AVE	ENUE .			Street Address (	P.O. Box Numbe	er is Not Acceptable	e)				
					City	FL Zig			Zip Code	<del></del>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Name or printed name of registered agent and title if applicable. (NDTE: Registered Agent signature required when reinstating)  DATE											· -	
		EE IS \$750.00   05, Fee will be \$900.0	00				•					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	]	
TITLE	D		☐ Delete	TITLE					☐ Change	Addition Addition		
NAME	1	I, KATHLEEN A		NAM	· I						-	
STREET ADDRESS CITY-ST-ZIP		. 20TH AVENUE DERDALE, FL 33305			ET ADDRESS -ST-ZIP							
	F1. DAUL	PERDALE, FE 33303	☐ Delete	TITLE					☐ Change	Addition	1	
TITLE NAME			L) Delate	NAM	1	3	<b>0004</b> 3 80/04010	3724	933			
STREET ADDRESS				STRE	EET ADDRESS	12/3	80/04010	13007	**7	58.75		
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STREET ADDRESS CITY - ST- ZIP					EET ADDRESS (-ST-ZIP							
12 Lharabu	certify that th	ne information supplied with	h this filing does not qualify fo	the ave	amotion stated in Se	ection 119.07(3)	(i), Florida Statutes	I further certi	ify that the in	nformation	1	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: Lauture a. Thorgan												