

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 30 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04



11022004 REIN-P CR2E098 (6/04)

DOCUMENT # P97000058495

1. Entity Name
FLOWERS BY KATHY, INC.



Principal Place of Business
4448 N.E. 20TH AVENUE
FT. LAUDERDALE, FL 33304

Mailing Address
4448 N.E. 20TH AVENUE
FT. LAUDERDALE, FL 33305

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

MORGAN, KATHLEEN A
4448 N.E. 20TH AVENUE
FT. LAUDERDALE, FL 33305

4. FEI Number
59-1845472

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 Kathleen A. Morgan (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, KATHLEEN A	
STREET ADDRESS	4448 N.E. 20TH AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

300043724933
12/30/04--01013--007 **\$758.75

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 true 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: Kathleen A. Morgan Date Daytime Phone #