

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 28 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA7000058923

1. Corporation Name

JAN'S FLORAL ACCENTS, INC
678 BALD EAGLE DR
MARCO ISLAND, FL 34145

Principal Place of Business

Mailing Address

678 BALD EAGLE DR
MARCO ISLAND, FL 34145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

59-3455749

Not Applicable

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	JANICE A. BERGANTZ	524 E. COCONUT AVE	GOODLAND, FL 34140

99-004BR TS

700003390867-7
-09/13/00--01011--004
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: JANICE A. BERGANTZ
Street Address (P.O. Box Number is Not Acceptable): 524 E. COCONUT AVE.
Suite, Apt. #, Etc.:
GOODLAND, FL 34140
City: State: FL Zip Code: 34140

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Janice A. Bergantz*
REGISTERED AGENT MUST SIGN

Date: 8-21-00

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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: *JANICE A. BERGANTZ, PRES.* JANICE A. BERGANTZ 8/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
941/642-6663

CR2E081 (12/98)