INIO -24.4

FILED OBJUL 24 PM 3: 16 DOCUMENT # P970000 83273 1. Corporation Name MAIN STREET FLORIST INC. 2. Principal office Address. No P.O. Box # 3. Mailing office Address. 3.44 MAIN ST. Sulle, Apt. #. co. 2. Principal office Address. No P.O. Box # 3. Mailing office Address. 3.44 MAIN ST. Sulle, Apt. #. co. 2. Principal office Address. No P.O. Box # 3. Mailing office Address. 3. Mailing office Address. 3. Mailing office Address. 3. Mailing office Address. 4. Class Incorporated or Sulle. 4. Class Incorporated or Sulle. 5. FIN Number SAFETY HARBOR FL SAFE	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
1. Corporation Name MAIN STREET FLORIST INC. 2. Principal Ortico Address. No P.O. Box # 3. Mailing Office Address. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State The Report Floring Suite Suite The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By an address of current Registered Agent The Report Floring Suite Suite The Report Floring Suite Suite Street Address of Complexity is Not Accorptable) Suite, Apt. #, Etc. City Suite Plan Suite Suite Suite Suite Suite The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices were not received and requesting the prior notices were not received and requesting the reinstatement fee be walved. City Suite Plan Suite Sui	5 Co 2 1 4 2 6	Secretary of State	09.1111.24 PM 3: 16	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address B	DOCUMENT # P970 1. Corporation Name	000 83273	SECRETARY OF SHALLAR FLORIDA	
Sulfa. Apt. 8, etc. To be Sulfares in Florida Supplied For Tob Sulfares in Florida Sulfares in Florida Supplied For Tob Sulfares in Florida Sulfares in Flor	MAIN STREET	FLORIST INC.	800158845648 07723/0901036016 **1050.00	
City & State SAFETY HARBOR, FL Country 3 4695 Country 3 4695 T. Name and Address of Current Registered Agent Name DONALD E. THORNBURG Street Address (F.O. Box Number is Not Acceptable) 1 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices were not received and requesting this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City SAFETY HARBOR Street Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Signature Agent Titles Officers and/or Directors Officer and/or Directors City 1 State / Zip DONALD E. THORNBURG 109 WOOD BURN CT. Site Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director CT. SAFETY HARBOR FL 3 4695 10 JONALD E. THORNBURG 109 WOOD BURN CT. SAFETY HARBOR FL 3 4695 City 1 State / Zip DONALD E. THORNBURG 109 WOOD BURN CT. SAFETY HARBOR FL 3 4695	2. Principal Office Address - No P.O. Box #		1 200	
City & State SAFETY HARBOR, FL Country 3 4695 Country 3 4695 T. Name and Address of Current Registered Agent Name DONALD E. THORNBURG Street Address (F.O. Box Number is Not Acceptable) 1 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices were not received and requesting this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City SAFETY HARBOR Street Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Signature Agent Titles Officers and/or Directors Officer and/or Directors City 1 State / Zip DONALD E. THORNBURG 109 WOOD BURN CT. Site Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director CT. SAFETY HARBOR FL 3 4695 10 JONALD E. THORNBURG 109 WOOD BURN CT. SAFETY HARBOR FL 3 4695 City 1 State / Zip DONALD E. THORNBURG 109 WOOD BURN CT. SAFETY HARBOR FL 3 4695			A REINSTATEMENT U	
SAFETY HARBOR, T. SAFETY HARBOR, T. SAFETY HARBOR, T. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent Name DONALD E, THORNBURG Street Address (P.O. Box Number is Not Acceptable) City SAFETY HARBOR State State The enistatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the prior notices were not received and requesting the reinstatement fee be waived. 8. I. being appointed the registered agent of the aboye named comparation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signalure of Agent MASSIGN 9. Names and Street Addresses of Each Officer and/or Director (Pordar nonprofil corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Pordar nonprofil corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors Officer and/or Directors Street Address of Each Officer and/or Director (Pordar nonprofil corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified	
Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tubes Donald Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors) Tubes Donald Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors) Tubes Donald Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors) Tubes Donald Each Officer and/or Director Florida nonprofit corporation nonprofit corporations must list at least 3 directors) Tubes Donald Each Officer and/or Director Florida nonprofit corporation n		City & State SACTIVE LINEAR FI		
Name Name and Address of Current Registered Agent	Zip Country	Zip Country	6	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City SAFETY HARBOR State State Street Address (P.O. Box Number is Not Acceptable) City SAFETY HARBOR State State State Street Address (P.O. Box Number is Not Acceptable) The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City SAFETY HARBOR Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PATION DONALD E. THORNBURG 109 WOOD BURN CT. SAFETY HARBOR FL 3 4495 10. Learlity 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate nature from done and qualify or an exemption contained in Chapter 119, 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.	34695 U.S.A.	34695 U.S.A.	CEPTIFICATE OF STATUS DESIDED 50.75 Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable) Street Address of Each Officer and/or Directors Titles Officers and/or Directors Officer and/or Director (Portlan nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director (Portlan nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director (City / State / Zip Officer and/or Director (City / State / Z		_		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City SAFETY HARBOR State FL 3 4695 Street Address of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) Registered Agent Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofil corporation and profile of Director (Florida nonprofil corporation and profile of Director (Florida nonprofil corporation and profile of Director (Florida nonprofile or director or director or the receiver of City (Florida nonprofile or director or director or the receiver or trustee ampowered 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 infinited, the corporation has deed or of City (Florida nonprofile or director or dissolution has been eliminated, the corporati	7			
Suite, Apt. #, Etc. City SAFETY HARBOR State 71p Code FL 3 4/6.95 8. 1, being appointed the registered agent of the aboye named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Addresses of Each Officer and/or Directors Titles Officers and/or Directors Street Addresses of Each Officer and/or Directors Officer and/or Directors Titles DONALD E. THORNBURG 10.9 WOOD BURN CT. SAFETY HARBOR FL 3 4/6.95 10. Leartly that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setisfies 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 inclinduals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.				
State Zip Code Zip		are certifying the prior notices were not		
SAFETY HARBOR FL 34695 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 PREGISTERED AGENT MUST SIGN Date July 2/, 2009 REGISTERED AGENT MUST SIGN Date July 3/, 2009 P. 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 Officers and/or Director P/T/D DONALD E. THORNBURG 109 WOOD BURN CT. SAFETY HARBOR FL 34695 10. Lordfly 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 contained in Chapter 119, 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 cath.	Ob.	· · · · · · · · · · · · · · · · · · ·		
Signature of Registered Agent REGISTERED AGENT MUSTSIGN 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 Name of Officers and/or Directors P/T/D DONALD E. THORNBURG 109 Wood BURN CT. SAFETY HARBOR FL 34695 10. I certify that I am an officer or director or the receiver or trustee ampowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 contained in Chapter 119, 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 each.	SAFETY HARBO	E State 21p Code 54695	-	
Titles Name of Officers and/or Directors Officer and/or Director SAFETY HARBOR FL 34695 10. I cartify 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 filling 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 contained in Chapter 119, 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 of Registered Agent Date July 21, 2009			
P/T/D DONALD E. THORNBURG 109 WOOD BURN CT. SAFETY HARBOR FL. 34695 10. I cortify 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 filling 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 contained in Chapter 119, 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.	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
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 filling 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 contained in Chapter 119, 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.				
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 contained in Chapter 119, 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.	P/T/D DONALD E. THORI	UBURG 109 WOODBUR	U CT. SAFETY HARBOR FL 34695	
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 contained in Chapter 119, 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.		·		
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 contained in Chapter 119, 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.				
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

7