

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUN 10 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YBR  
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DOCUMENT-# P97000091327

1. Corporation Name

ARTISTIC FLORIST CREATIONS, INC

2. Principal Office Address

270 NORTH NOVA ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

270 NORTH NOVA ROAD

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/97

5. FEI Number

59-3474897

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

RICHARD K. CHURCHMAN, CPA

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

1255 MASON AVENUE

Suite, Apt. #, Etc.

City

DAYTONA BEACH, FLORIDA

State  
FL

Zip Code

32117

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

Date

REGISTERED AGENT MUST SIGN

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
P	DONEL GOSS	1624 PICCADILLY DRIVE	DAYTONA BEACH, FL 32117
			351.25-AL
			10.00-ARART
			88.75-ARSLAP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/4/02 386-25486 11

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