

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 6:57

DOCUMENT # P97000099673

1. Corporation Name

RIVERVIEW FLORIST, INC.

Principal Place of Business

9405 US HWY 301 S
RIVERVIEW FL 33569
US

Mailing Address

9405 US HWY 301 S
RIVERVIEW FL 33569
US



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1997

5. FEI Number

59-3478695

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	PAVAO, MARIA	10103 SHERWOOD LN #44 11014 Brussels Boy LANE	RIVERVIEW FL 33569 " " "
			300004661353--2 -10/31/01--01064--017 ****758.75 ****758.75
			AD

8. Name and Address of Current Registered Agent

PAVAO, MARIA
10103 SHERWOOD LANE
APT. 44
RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

Name

MARIA PAVAO

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

11014 Brussels Boy LANE

Suite, Apt. #, Etc.

Riverview

City

State

FL

Zip Code

33569

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

MARIA PAVAO
REGISTERED AGENT MUST SIGN

Date 10-13-01

11. 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:

MARIA PAVAO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-01

Daytime Phone #

813-

677-7039

CR2E040 (8/01)