

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101211

1. Corporation Name

POINSETTIAS UNLIMITED, INC.

Principal Place of Business

3401 SOUTH WESTSHORE BLVD.
TAMPA FL 33629

Mailing Address

3401 SOUTH WESTSHORE BLVD.
TAMPA FL 33629

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

12/01/1997

5. FEI Number

59-3505240

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SMITH, DAVID	3401 SOUTH WESTSHORE BLVD.	TAMPA FL 33629
			800003035848--7 -11/05/99--01011--023 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

SMITH, DAVID
3401 SOUTH WESTSHORE BLVD.
TAMPA FL 33629-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID Smith PRES.

10/25/99

813 8354567

CR2E040 (8/99)

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POINSETTIAS UNLIMITED, INC.
3401 South Westshore Blvd.
Tampa, FL 33629

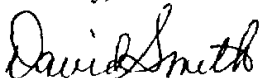
October 25, 1999

State of Florida
Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please be advised that the paperwork necessary to complete the annual report for 1999 was either misrouted or never received by Poinsettias Unlimited, Inc. Therefore, I respectfully request that the corporation not be dissolved, and am enclosing the appropriate fee for the 1999 annual reporting. Also, please update our file to reflect that the mailing address is not the same as the business location address. If you require any additional information, please do not hesitate to contact me at (813) 835-4567. Thank you for your assistance in this matter.

Sincerely,



David Smith / mls
President