

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 DEC 18 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005918

1. Corporation Name

HUMBERTO'S FLORIST & BRIDALS, INC.

2. Principal Office Address

1775 SO. CONGRESS AVE.

3. Mailing Office Address

1775 SO. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL.

City & State

W. PALM BEACH, FL. 33406

Zip

33406

Country

U.S.A.

Zip

33406

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1/20/1998

5. FEI Number

65-0004891

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

ANA L. BACAS

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

1775 SO. CONGRESS AVE.

Suite, Apt. #, Etc.

N/A

City

W. PALM BEACH, FL.

State

FL

Zip Code

33406

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

12-13-02

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	ANA L. BACAS	3716 MERRILL AVE W. PALM BEACH 33405	W. PALM BEACH, FL. 33405
V.P.	MARIA A. BACAS-COOK	531 31 <sup>ST</sup> ST.	W. PALM BEACH, FL. 33407

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

ANA BACAS, Pres.

Date

12-13-02

Daytime Phone #

(561) 832-2146

CR2E081 (9/00)

Hubert  
List of Bridal

To: FL Dept of State  
Corporations Division  
Attn Jeff

I never received my 2002  
Annual Report, Please Ward  
Installation fee. There was a change  
of address  
P 98000005918

Sincerely  
Maureen  
Pres