

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000014948

1. Corporation Name

FLORAL DESIGNS BY SHIRLEY, INC.

Principal Place of Business

202 E CANAL STREET  
202  
MULBERRY FL 33860

Mailing Address

PO BOX 1125  
202  
MULBERRY FL 33860

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

2. New Principal Office Address, If Applicable

706 N Ingraham Ave

Suite, Apt. #, etc.

Lakeland, FL

City & State

Lakeland FL

Zip

33801

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 1125

Suite, Apt. #, etc.

Mulberry, FL

City & State

Mulberry, FL

Zip

33860

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1998

5. FEI Number

59-3514387

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
P	NELOMS, SHIRLEY	404-406 1/2 E. CANAL ST	MULBERRY FL 33860
V	NELOMS, SHIRLEY	404-406 1/2 E. CANAL ST	MULBERRY FL 33860
V	LEONARD, QUEEN A	404-406 1/2 E. CANAL ST	MULBERRY FL 33860

400004658564--8

-10/30/01--01021--002

\*\*\*\*750.00 \*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

NELOMS, SHIRLEY H  
PO BOX 104 CR 676 WILICH LANE  
NICHOLS FL 33863

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

*Shirley H. Neloms*  
REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

*Shirley H. Neloms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

CR2E040 (8/01)