

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P98000024336

1. Corporation Name

BALLOONS & GIFT BASKETS BY CHERYL, INCORPORATED

Principal Place of Business

1312 FLAXWOOD AVENUE  
BRANDON FL 33511

Mailing Address

P O BOX 490  
BRANDON FL 33511

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3501594

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
D	LEE, ROBERT S	P.O. BOX 490	BRANDON FL 33509
D	LEE, CHERYL Y	P.O. BOX 490	BRANDON FL 33509

300008673223  
10/29/02--01113--031 \*\*550.00

8. Name and Address of Current Registered Agent

LANSKY, GLEN R  
915 OAKFIELD DRIVE  
SUITE F  
BRANDON FL 33511

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 813  
293-4639

Date

Daytime Phone #

CR2EC040 (8/02)

Dear Sir/Madam <sup>10/11/24</sup>

My Document  
was rejected

I am sending  
this in  
for replacement

Thank You

C. Lee

\* Pls Note

I never received  
this document  
this year -