

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
2000 UBR



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

FILED

00 NOV 13 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DOCUMENT # P98000050413

1. Corporation Name

NORTH FORT MYERS FLORIST, INC.

Principal Place of Business

Mailing Address

80 PONDELLA RD.  
N. FT. MYERS FL 33903

80 PONDELLA RD.  
N. FT. MYERS FL 33903



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

04/01/00 90062 002 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0843054

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	SIZER, STEPHANIE J	1316 SE 35TH ST.	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARBIENER, CHARLES F JR.  
5245 BIG PINE WAY, SUITE 103  
FT. MYERS FL 33907

Name

RUTH A. LOUBIER

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

5245 BIG PINE WAY, SUITE 101

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33907

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

*[Handwritten signature]*

Date

NOVEMBER 9, 2000

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)(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:

*[Handwritten signature]*

STEPHANIE J. SIZER

NOVEMBER 9, 2000 941-656-2919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

**NORTH FORT MYERS FLORIST, INC.**

80 Pondella Rd.

North Fort Myers, FL 33903

November 9, 2000

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

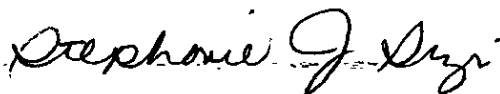
Dear Sir/Madam:

On August 30, 2000 I returned by Annual Report with my check number 7164 for \$150.00 and a letter explaining that I did not receive the first notice. I was unaware that I should have been expecting this report. My bank statement reflects that my check was cleared on September 7.

Today a representative from my C.P.A.'s office spoke with Michelle Milligan with the reinstatement office of the Dept of State and was informed that I did not sign the original report, this was an oversight on my part. I am completing the enclosed application, with signatures, and returning it with my letter, as instructed.

No additional fee is due with the application. Thank you for your assistance.

Sincerely,



Stephanie J. Sizer