

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Matthew R. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2001 UBR

FILED

01 NOV 16 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061233

1. Corporation Name

SUNFLOWER BABY BOUTIQUE, INC.

Principal Place of Business

Mailing Address

2441 N.W. 43RD STREET SUITE 22  
GAINESVILLE FL 32606

2441 N.W. 43RD STREET SUITE 22  
GAINESVILLE FL 32606

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/1998

5. FEI Number

59-3521611

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
D	THEOHARIS, STACY M	2441 N.W. 43RD STREET SUITE 22	GAINESVILLE FL 32606

800004719058--4

-12/11/01--01072--006

\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THEOHARIS, STACY M  
2441 N.W. 43RD STREET SUITE 22  
GAINESVILLE FL 32606

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

10/15/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 (352) 377-3766



202

October 15, 2001

To whom it may concern,

Enclosed is my Annual Uniform Tax fee. I never received the original form, therefore the amount enclosed is the original fee of \$150.00.

Thank You,

A handwritten signature in cursive script, appearing to read "Stacy", followed by a long horizontal flourish.

Stacy Theoharis

2441 NW 43rd St.  
Suite 22  
Gainesville, FL 32606

352.377.3766  
352.377.0000 FAX