

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000061768

**FILED**  
**Mar 21, 2014**  
**Secretary of State**

**Entity Name:** ST. CLOUD FLORIST SHOPPE, INC.

**Current Principal Place of Business:**

2018 13TH STREET  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

2018 13TH STREET  
SAINT CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 59-3522552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, TERRY L S  
2665 HILLIARD COURT  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** TERRY L ROBERTS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RUSSELL, ROBERT D  
**Address:** 1717 OLD BOGGY CREEK RD.  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** D  
**Name:** DEPPEN, RANDY  
**Address:** 15516 92ND COURT, NORTH  
**City-St-Zip:** WEST PALM BEACH, FL 33412

**Title:** S  
**Name:** ROBERTS, TERRY L  
**Address:** 1717 BOGGY CREEK ROAD  
**City-St-Zip:** KISSIMMEE, FL 34744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TERRY L ROBERTS

S

03/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date