

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000069145**

1. Corporation Name

ALLEN ROBERTS FLORAL DESIGN, INC.

Principal Place of Business

8858 SE BUTTONWOOD WAY
TEQUESTA FL 33469

Mailing Address

8858 SE BUTTONWOOD WAY
TEQUESTA FL 33469

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

2. New Principal Office Address, If Applicable

8843 S.E. Bridge Rd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8843 S.E. Bridge Rd.
Suite, Apt. #, etc.

City & State

Hobe Sound, FL.

Zip 33465 Country USA

City & State

Hobe Sound, FL.

Zip 33465 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1998

SP

5. FEI Number

65-0857707

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	STAUDER, SUSAN H	8858 SE BUTTONWOOD WAY	TEQUESTA FL 33469
			900003050029--3
			-11/13/99--01082--010
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RYAN, JAMES H ESQ.
701 US HWY ONE, SUITE 402
N. PALM BCH FL 33408

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/29/99

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 re-statement 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 25, 1999 1-800-
940-8733

CR20040 (8/99)