

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:37

DOCUMENT # **P98000071368**

1. Corporation Name

SILK BLOOMS AND ACCENTS, INC.

Principal Place of Business

245 E. PALMETTO PARK BLVD. ROAD
BOCA RATON FL 33432

Mailing Address

245 E. PALMETTO PARK BLVD. ROAD
BOCA RATON FL 33432



2/24/99 90117007150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1998

5. FEI Number

65-0854697

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
PD	DAIGLE, DANIEL R	200 N.E. 14TH AVENUE #9	FT. LAUDERDALE FL 33301
		CHANGE:	
		Daniel R. Daigle	
		3140 N.E. 23rd Ave.	
		Lighthouse Point, FL 33064	

8. Name and Address of Current Registered Agent

DAIGLE, DANIEL R
245 E. PALMETTO PARK BLVD.
BOCA RATON FL 33432

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.

Signature of
Registered Agent

[Signature of Daniel R. Daigle]
REGISTERED AGENT MUST SIGN

Date **10/26/99**

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 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 of Daniel R. Daigle]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL R. DAIGLE

10/26/99
Date

Daytime Phone

AD

CR2E040 (8/99)