

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000094523

1. Corporation Name

BLOOMS DIRECT MIAMI, INC.

FILED

99 DEC 22 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1368 N.W. 78TH AVE.  
MIAMI FL 33126

Mailing Address

1368 N.W. 78TH AVE.  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3900 N.W. 79th Avenue  
Suite, Apt. #, etc.  
728

3. New Mailing Office Address, If Applicable

3900 N.W. 79th Ave.  
Suite, Apt. #, etc.  
728

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

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4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1998

5. FEI Number

☒ Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	Betty Curtis	3900 NW 79th Ave #728	Miami, FL 33166

300003082213--1  
-12/28/99--01070--006  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

MARKO, DAVID E ESQ.  
3001 S.W. THIRD AVE.  
MIAMI FL 33126

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

0. 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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-22-99

1. 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/99 305-903-9067  
Daytime Phone #