

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 10 PM 12:19

DOCUMENT # **P98000105349**

1 Corporation Name

**SIGNATURE BASKETS, INC.**

Principal Place of Business

Mailing Address

5980 SW 11 STREET  
MIAMI FL 33144

5980 SW 11 STREET  
MIAMI FL 33144



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

4 Date Incorporated or Qualified  
To Do Business in Florida

12/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

Applied For

City & State

City & State

65-0928585

Not Applicable

Zip

Country

Zip

Country

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
DPS	SIGLER, BARBARA	5980 SW 11 STREET	MIAMI FL 33144
DV	SIGLER, ANGELICA M	5980 SW 11 STREET	MIAMI FL 33144

4000003053324--0  
-11/24/99--01002--024  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIGLER, ANGELICA M  
5980 SW 11 STREET  
MIAMI FL 33144

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

11/8/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Angie Sigler*

Date

11/8/99

Daytime Phone #

269-7008

CR2E040 (8/99)

-2-

November 8, 1999

Florida Department of State  
Division on Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314-6327

Re: EIN # 65-0928585

To Whom it may concern,

Please find enclosed a check for the amount of \$150.00 for the annual corporation cost. It has just now come to my attention that the original check that was sent to you was never received. I have the check stub but the bank has not cashed this said check.

Please reinstate my corporation, Signature Baskets, Inc.

Thank you in advance for your time and cooperation.

Sincerely,



Angie Sigler