

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

**02** **UTR**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000106455

1. Corporation Name

ART FLOWERS CORP.

Principal Place of Business

2722 NW 72 AVE  
MIAMI FL 33122  
US

Mailing Address

2722 NW 72 AVE  
MIAMI FL 33122  
US

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

12/23/1998

5. FEI Number

65-0885485

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CURRAS, MYRNA W	6351 SW 114TH AVENUE	MIAMI FL 33173

400008806704  
11/05/02--01059--013 \*\*150.00

8. Name and Address of Current Registered Agent

CURRAS, MYRNA W  
2722 N.W. 72ND AVENUE  
MIAMI FL 33122

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/20/02

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 592-5066.  
Date Daytime Phone #

FILED

02 NOV -5 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/02)



## **ART FLOWERS CORP.**

**2722 NW 72nd. Avenue . Miami, FL 33122**

**Phone: 305 592-5066 Fax: (305) 471-5868**

**Email: art@artflowerscorp.com**

10-30-02

DIVISION OF CORPORATIONS  
ANNUAL REPORT / REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE FL. 32314-6327

Dear Sirs,

With this letter we are letting you know that we never received the report form that was sent by you in January 2002 to us, therefore we are asking you to wave the late fee.

We are sending the check # 0092 from First Bank of Miami, for the amount of \$150.00

Thank you,

  
ART FLOWERS CORP.  
Myrna W. Curras  
President

gch

**www.artflowerscorp.com**