

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Gathered H. H. H. H. H.  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN 12 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 000000003533

1. Corporation Name

FLOWERNATION.com, Inc.

2. Principal Office Address

7142 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, Fla.

City & State

Zip

32216

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2-99

5. FEI Number

59-3557255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HOGAN E. COPELAND

400003568524-3

Street Address (P.O. Box Number is Not Acceptable)

7142 Beach Blvd.

-01/24/01--01004--008

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

City

Jacksonville

State  
FL

Zip Code

32216

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-11-2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	HOGAN E. COPELAND	7142 Beach Blvd.	JAX, Fla. 32216
SEC.	" " "	" " "	" " "
V.P.	" " "	" " "	" " "
			KE

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-2001

Daytime Phone # 904-725-4000

2 of 2

January 12, 2001

Division of Corporations  
Tallahassee, Florida

To Who It may Concern:

I had sent the filing fee's for Flowernation.com, Inc. back in March of 2000, I guess your division did not receive this. Please find a check enclosed for \$300.00 the fees that you have requested.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hogan E. Copeland II', written over a horizontal line.

Hogan E. Copeland II  
FlowerNation.com, Inc.