

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -3 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082496

1. Corporation Name

ROBIN'S FLOWERS, INC.

Principal Place of Business

Mailing Address

204 E. MARTIN LUTHER KING BLVD.  
TAMPA FL 33603

204 E. MARTIN LUTHER KING BLVD.  
TAMPA FL 33603



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

2. New Principal Office Address, If Applicable  
8507 Channelview Cr.

3. New Mailing Office Address, If Applicable  
8507 Channelview Circle

4. Date Incorporated or Qualified To Do Business in Florida

09/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3591607

Not Applicable

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33614

Hillsborough

33614

Hillsborough

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	GREEN, ROBIN	204 E. MARTIN LUTHER KING BLVD.	TAMPA FL 33603
P/D	Robin Green	8507 Channelview Circle	Tampa, Fl 33614
			500003482145--3 -12/01/00--01002--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, ROBIN  
204 E. MARTIN LUTHER KING BLVD.  
TAMPA FL 33603

Name

ROBIN GREEN

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

8507 Channelview Circle

Suite, Apt. #, Etc.

City

Tampa, Fl

State

FL

Zip Code

33614

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

*Robin Green* 10/25/00

Robin Green

Date 10/25/2000

REGISTERED AGENT MUST SIGN

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:

*Robin Green* 10/25/00

Robin Green-President

10/25/200 (813) 933-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

2062

ROBIN'S FLOWERS, INC.  
8507 Channelview Circle  
Tampa, Fl. 33614

October 26, 2000

Florida Department of State  
Division of Corporations  
Uniform Business report Filing  
P.O. Box 1500  
Tallahassee, Fl 32302 1500

RE: Document #P99000082496

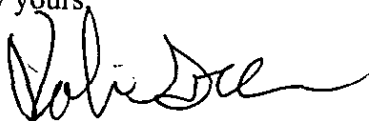
Gentlemen:

Enclosed is our Annual Corporate Renewal Report for the year 2000.

In addition enclosed, please find our check dated October 26, 2000 in the amount of \$150.00 per your department recommendation in filing.

As per our telephone conversation with your department, please be advised that we never received our 2000 Annual Corporate Renewal Report.

Truly yours



Robin Green  
President