


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Jul 22, 2005 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 099000084919
 1. Corporation Name
 Bonita Blooms Flower Shop, Inc

200057787152
 07/22/05--01018--002 **1200.00

2. Principal Office Address 8951, Bonita Beach Rd #540 Bonita Beach FL 34135 Suite, Apt. #, etc. 540		3. Mailing Office Address 8951, Bonita Beach Rd #540 Bonita Springs FL 34135 Suite, Apt. #, etc. 540	
City & State Bonita Springs		City & State Bonita Springs	
Zip 34135	Country USA	Zip 34135	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
Sept. 1999

5. FEI Number
59-3622205
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
Barbara N Johnson

Street Address (P.O. Box Number is Not Acceptable)
8951 Bonita Beach Rd #540

Suite, Apt. #, Etc.
540

City
Bonita Springs

State
FL

Zip Code
FL

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
Barbara N Johnson

REGISTERED AGENT MUST SIGN

Date
7/18/05

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Barbara N Johnson	President / 8951 Bonita Beach Rd #540	Bonita Springs FL 34135

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)(f), 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: Barbara N Johnson Date: 7/18/05 Daytime Phone #: 239 9924131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E01 (01/05)