

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 30 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000092398

1. Corporation Name

THE FLOWER BRIDGE, INC

REINSTATEMENT

00 02

2. Principal Office Address

23720 C.R. 44A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS, FLORIDA

City & State

Zip

32736

Country

LAKE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 20, 1999

5. FEI Number

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

THOMAS H. WOLAVER

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

23720 COUNTY ROAD 44A

Suite, Apt. #, Etc.

City

EUSTIS

State
FL

Zip Code

32736

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***1050.00 ***1050.00

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

Thomas H. Wolaver
REGISTERED AGENT MUST SIGN

Date

8/27/02

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
<u>PRES</u>	<u>THOMAS H. WOLAVER</u>	<u>23720 C.R. 44A</u>	<u>EUSTIS, FL 32736</u>
<u>SECRETARY</u>	<u>MARY WOLAVER</u>	<u>23720 C.R. 44A</u>	<u>EUSTIS, FL 32736</u>

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:

THOMAS H. WOLAVER
Thomas H. Wolaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/02 352
589-4436
Daytime Phone #

CP2E081 (9/01)