

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB 7 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p99000096154

1. Corporation Name

Inverness Florist, Inc.

600066217046  
02/20/06--01081--009 \*\*450.00

REINSTATEMENT 04-06  
CR2E081 (12/05)

2. Principal Office Address

209 S. Apopka Av.

Suite, Apt. #, etc.

3. Mailing Office Address

209 S. Apopka Av.

Suite, Apt. #, etc.

City & State

Inverness, Florida

Zip

34452

Country

Citrus

City & State

Inverness, Florida

Zip

34452

Country

Citrus

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/1999

5. FEI Number

593607711

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

Sherida W. Brooks

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

209 S. Apopka Av.

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34452

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

Sherida W. Brooks

Date 2/3/06

REGISTERED AGENT MUST SIGN

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>D</u>	<u>Sherida W. Brooks</u>	<u>209 S. Apopka Av.</u>	<u>Inverness, Fl. 34452</u>
<u>D</u>	<u>Thomas B. Brooks, Jr.</u>	<u>209 S. Apopka Av.</u>	<u>Inverness, Fl. 34452</u>

JP 2/16

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 contained in Chapter 119, 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:

Sherida W. Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

352-726-4637

Daytime Phone #

*Inverness Florist, Inc.*

209 S. Apopka Av.  
Inverness, Florida 34452  
Phone 352-726-4637  
[invernessflorist@netsignia.net](mailto:invernessflorist@netsignia.net)

February 3, 2006

*To Whom It May Concern;*

*Due to an oversight, I did not change our mailing address when we moved in 2003, therefore I have not received my notices from your department to pass on to my accountant. Because of this oversight, our corporation dues were not paid in 2004 and 2005. Please waive the \$600.00 reinstatement fee.*

*Sincerely,*

*Sherida W. Brooks*

*Sherida W. Brooks*