DI EASE DEAD	ALL INSTRU	CTIONS	REFORE (	COMPLETI	NG THIS FORM		
APPLICATION FÖR REINSTATEMENT	FOR Sandra B. Mortham Secretary of State			FILED			
DOCUMENT #538063  1. Comporation Name  The Florist of the Northwoods, Inc.				97 AUG 29 AM II: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  26133 US HWY 19 N  Sùite 106  Clearwater, FL 34623-2015  If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENT 94-97			
New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State	3. New Mailing Add Suite, Apl. #, etc. City & State			4. Date Incorporated or Qualified To Do Business in Florida 3/15/91  5. FEI Number . Applied For Not Applicable			
Zip Country	Zip	Zip Country		<u> </u>		75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and Name of Officers and/or Directors  P/S/	3	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
VP FRANK J. CARR		10577 Oak Leaf Stree			t Largo, FL 33774 Seminole, FL 33772		
				9	000022F -08/29/97- ***1253.75	-01116007	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name DENNIS G. CARR Street Address (P.O. Box Number is Not Acceptable)				
10. I, being appointed the registered agent of the abo	ove named corporation	ı, am familiar wi	Suite, Apt. #, Etc City La	ırgo	State FL  Date  Date	33774	
	any intangible	e tax to th	e utes. Yes	No.¥∑		le for information igible tax.)	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all tees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 8/27/97 83-409-3680

SIGNATURE: