


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT <i>2003-2005</i>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUN 10 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800056017968 06/10/05--01004--010 **1050.00	
DOCUMENT # S56250				
1. Corporation Name LYNN HAVEN FLORIST, INC				
2. Principal Office Address 725 OHIO AVE Suite, Apt. #, etc.		3. Mailing Office Address 725 OHIO AVE Suite, Apt. #, etc.		
City & State LYNN HAVEN, FL		City & State LYNN HAVEN, FL		
Zip 32444	Country USA	Zip 32444	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 05/28/91		
		5. FEI Number 59-3077320	Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name LEROY PARSONS				
Street Address (P.O. Box Number is Not Acceptable) 725 OHIO AVE				
Suite, Apt. #, Etc.				
City LYNN HAVEN		State FL	Zip Code 32444	
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 <i>Leroy A. Parsons III</i>		Date 6-7-05		
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	
P	LEROY PARSONS	725 OHIO AVE	LYNN HAVEN, FL 32444	
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: <i>Leroy A. Parsons III</i>		<i>Leroy A. Parsons III</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-7-05	Daytime Phone # 850-265-8303	

CR2E081 (01/05)

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