

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S56250

**FILED**  
**Nov 24, 2010**  
**Secretary of State**

**Entity Name:** LYNN HAVEN FLORISTS, INC.

**Current Principal Place of Business:**

725 OHIO AVE  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

725 OHIO AVE  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 59-3077320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARSONS, LEROY A III  
725 OHIO AVE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LEROY PARSONS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PARSONS, LEROY A III  
**Address:** 725 OHIO AVE  
**City-St-Zip:** LYNN HAVEN, FL 32444

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LEROY PARSONS

P

11/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date