

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # S66984

1. Corporation Name

SHOWERS OF FLOWERS FLORIST, INC.

Principal Place of Business

Mailing Address

3333 N. TAMiami TRAIL  
SUITE 230  
SARASOTA FL 34234  
US

3333 N. TAMiami TRAIL  
SUITE 230  
SARASOTA FL 34234  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



800023766818  
10/14/03--01002--005 \*\*150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0273167

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WHITCOMBE, CONSTANCE C	3333 N. TAMiami TRAIL	SARASOTA FL 34234

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITCOMBE, CONTANCE C  
3333 N. TAMiami TRAIL  
SARASOTA FL 34234

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Constance C. Whitcombe*  
REGISTERED AGENT MUST SIGN

Date 10-9-03

11. 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:

*Constance C. Whitcombe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 941-355-5653

CR9040 (7/03)

...a florist for all reasons

Global Wire Services

# Showers of Flowers

Connie Whitcombe  
941-355-5655

3333 N. Tamiami Trail  
North Trail Shopping Plaza  
Sarasota, Florida 34234

Dear Sirs:

10-9-03

I did not receive  
prior USBK notices regarding  
this renewal.

Enclosed signed forms  
and appropriate fee.

Thank you,

Constance F. Whitcombe,  
P.

(I received this forms  
yesterday and am returning  
immediately. Cu)