2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# S82471

Entity Name: LABELLE FLORIST & GIFTS, INC.

Current Principal Place of Business:

375 N MAIN ST
LABELLE, FL 33935 US

New Principal Place of Business:

330 N MAIN STREET
LABELLE, FL 33935 US

Current Mailing Address:

PO BOX 5
LABELLE, FL 33975 US

New Mailing Address:

PO BOX 1529
LABELLE, FL 33975 US

FEI Number: 65-0294501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAFT, JOANNE
375 N MAIN ST
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

MUNSON, ROBERTA
330 N MAIN STREET
LABELLE, FL 33935 US

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: ROBERTA MUNSON 10/09/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: CRAFT, JOANNE
Address: 375 N MAIN ST
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: MUNSON, ROBERTA
Address: 735 LIVE OAK LANE
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERTA MUNSON PS 10/09/2009
Electronic Signature of Signing Officer or Director Date