

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S84043

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** COLLIER COUNTY ASSOCIATED FLOWERS, INC.

**Current Principal Place of Business:**

440, 27TH ST N.W.  
NAPLES, FL 341201754 US

**New Principal Place of Business:**

**Current Mailing Address:**

440, 27TH ST N.W.  
NAPLES, FL 341201754 US

**New Mailing Address:**

**FEI Number:** 65-0296456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BISHOP, DANIEL R  
440 27TH ST N.W.  
NAPLES, FL 341201754 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: DANIEL R BISHOP

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: BISHOP, DANIEL R  
Address: 440 27TH ST N.W.  
City-St-Zip: NAPLES, FL 341201754 US

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: DANIEL R BISHOP

PSDT

04/26/2011

Electronic Signature of Signing Officer or Director

Date