

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 19 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **FIVE FLOWERS CORPORATION**

Principal Place of Business

Mailing Address

1130 Lemonwood Street  
Hollywood, FL 33019

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

93-00

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 13, 1992

5. FEI Number

Applied For

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President / Director	Haim Cohen	1130 Lemonwood St	Hollywood, FL 33019
Secretary / Director	Rachel Cohen	1130 Lemonwood St	Hollywood, FL 33019
			300003222259--9 -04/25/00--01013--033 *****8.75 *****8.75
			300003222259--9 -04/25/00--01013--034 ***1800.00 ***1800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Bernard Murciano

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

1130 Lemonwood St.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/15/00

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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.

KE

SIGNATURE:

Haim Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

954-927-0676

Daytime Phone #

CRS001 (12/98)