# To: Qualification/Tax Lien Section

#### COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

(Name of Person)

#### **MAILING ADDRESS:**

237 -6081

(Area Code & Daytime Telephone Number)

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. •	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	(State or country under the law of which it is incorporated)  3. 1/-3329949 (FEI number, if applicable)
4.	5/31/94 5. PERPETUAL (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
	1//96 Previously Dualified under # P9600000076 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7.	(Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent:
	Name: C T CORPORATION SYSTEM
	Office Address: _c/o C T Corporation System, 1200 South Pine Island Road
,	Plantation Florida, 33324 (Zip Code)
Ha de fui	D. Registered agent acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place assignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. In ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
	C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

(Type Name and Title of Officer)

Linda Weinberger, Assistant Secretary

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

A.	DIRECTORS		
	Chairman:	JAMES ME CANN	•
		15 WEST DRIVE	<del>-</del>
	·	PLANDONE NY 11030	
	Vice Chairman	ı:	_
		•	
			_
	· · · · · · · · · · · · · · · · · · ·		
	Director:		•
	Address:		<del>-</del>
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B.	OFFICERS	••	
	President:	TAMES MC CANN	- SSS 6
	Address:	15 WEST DRIVE	SEE. I
		PLANDOME NY 11030	
•	Vice President:	GLENH REED	<b>- . . . .</b>
	Address:	1600 STEWART AVE	
	· • · · · · · ·		
	Secretary:	CHRISTOPHER MC CANH	_
	Address:	37 BALDWIN BLUD	

Treasurer: WILLIAM SHEA
Address: 9 LISA CT
MESCANSET NY 11767
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. @ Will- e Shen
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. WILLIAM SHEA TREASUREX
(Typed or printed name and capacity of person signing application)

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## State of New York Department of State

I hereby certify, that the certificate of incorporation of 800-FLOWERS, INC. was filed on 05/31/1994, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of December one thousand nine hundred and ninety-seven.

Spécial Deputy Secretary of State

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