

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 SEP 12 PM 3:50 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # 349346

1. Corporation Name FLORANGA INC.

Principal Place of Business 252 ISLIP AVE. ISLIP, NY 11751 Mailing Address 252 ISLIP AVE. ISLIP, NY 11751

REINSTATEMENT 13.00

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 4. Date Incorporated or Qualified To Do Business in Florida 7/15/1969 5. FEI Number 59-128-1143 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P & S, WINIFRED A. FLOOD, 50 WEST BAYBERRY RD., ISLIP, NY 11751. Includes handwritten numbers 200003405062-3 and fees.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name NationsCorp Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301

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 Ed Flood Pres REGISTERED AGENT MUST SIGN Date 8-10-00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No [X]

(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.

SIGNATURE: Winifred A. Flood DATE: 7/27/00 KE 631-581-0030

CR2E081 (12/98)