DI TACE DEAD	ALL INCTRLICTIONS DE	TODE COMPLETIMO THIS FORM
APPLICATION ARE TO A SECOND	FLORIDA DEPARTMENT	FORE COMPLETING THIS FORM. OF STATE
FOR 910-18	> Sandra B. Mertha	
REINSTATEMENT	Secretary of State DIVISION OF CORPORATE	
DOCUMENT# + 0	- a Q	
1. Corporation Name	1/9K	-2466)98 JUL 17 AMII: 15
Flower LAN	UE, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The state of Deciment	Mailing Address	Air and Pa N
5315 Airport	Road, N. Hele	Angel 1 600002595316-1 5FL 14109 -07/22/98-01051-022
Naples, FL 34109	WADIE.	
If above addresses are incorrect in any way, line thro	ough incorrect information and enter corre	ction below.
New Principal Office Address, If Applicable	3 New Mailing Office Address, If Appli	4. Date Incorporated or Qualified To Do Business in Florida 7/8/87
Suite, Apt. #. etc.	Suite, Apt. #, etc.	5. FEI Number Applied For
City & State	City & State	6. Not Applicable
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/d Name of Officers		must list at least 3 directors)
Title(s) and/or Directors	Officer a	and/or Director City / State / Zip st Office Box Numbers) 4
0/2 D. 16		
Pls Patricia Wives	FR 5315 /1/2	port Rd. N Naples, FL 34109
		11 00
		7 01 48
		76 - 70
	RF	INSTATEMENT
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Page 1		
Patricia WiNCER		
Street Address (P.O. Box Number is Not Acceptable) 5315 Air Roct Food W.		
· State Zip Code FL 34109		
10. Libeing 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 Patricia Ulinair REGISTERED AGENT MUST SIGN Date . 1998		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DATE DAYS DATE DOLLAR DAYS DATE DOLLAR DAYS DATE DAYS DATE DAYS DATE DAYS DATE DAYS DATE DAYS DATE DAYS DAYS DATE DAYS DATE DAYS DATE DAYS DATE DAYS DATE DAYS DATE DAYS DAYS DATE DAYS DAYS DATE DAYS DAYS DATE DAYS DATE DAYS DAYS DAYS DAYS DATE DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAYS		