PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 AM 11:23

DOCUMENT # P00000107058

1. Corporation Name

DOWNTOWN FLOWER MARKET, INC.

Principal Place of Business	Mailing Address
1 BISCAYNE TOWER MAIN LOBBY MIAMI FL 33131	1 BISCAYNE TOWER MAIN LOBBY MIAMI FL 33131

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
2 South Biscayne Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FL. 33	
City & State	City & State
Zip 33131 Country DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/2000

5. FEI Number: 65-1141322 ☐ 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	4 City / State / Zip
D	ZAYDON, LOUIS	9175 ARVIDA DRIVE	MIAMI FL 33156
			700004736207--7 -12/24/01--01002--027 ****150.00 ****150.00

12/20

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ZAYDON, LOUIS 9175 ARVIDA DRIVE MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

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 _____ Date 10/22/01

REGISTERED AGENT MUST SIGN

11. 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: _____ 10/23/01 (305)358-1311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I didnt receive any notices for the year 2001 before receiving this reinstatement form and would like the late fees TO BE WAIVED.

THANK YOU
LOUIS ZAYDON

I talked already to Tyron AT EXTENSION #4805