

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -8 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900021409879  
07/09/03--01027--009 \*\*150.00

**CORPORATION REINSTATEMENT**  
03

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO2000024463

1. Corporation Name KASEYS FLOWERS & PARTY INC

2. Principal Office Address  
4887 NW 183 ST.  
Suite, Apt. #, etc.

3. Mailing Office Address  
1301 NE MIAMI GARDENS JR  
Suite, Apt. #, etc.  
1105 W.

City & State  
MIAMI

City & State  
N MIAMI BEACH, FL

Zip 33055 Country

Zip 33179 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 01-0616982 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PATRICIA ATACA

Street Address (P.O. Box Number is Not Acceptable)  
1301 NE Miami Gardens # 1105 W

Suite, Apt. #, Etc.

City N Miami Beach State FL Zip Code 33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Patricia Ataca Date 05/30/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>President</u>	<u>PATRICIA ATACA</u>	<u>1301 NE MIAMI GARDENS DR #1105 W</u>	<u>N MIAMI BEACH, FL 33179</u>

10. 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: Patricia Ataca Date 05/30/03 Daytime Phone # 305 624 5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (10/02)

2178

WHO MAY CONCERN.

I SEND MY PAYMENT FOR  
KASEYS FLOWERS & PARTY INC,  
NOW BECAUSE I NEVER RECEIVE THE  
ANNUAL FORM FOR PAYMENT, I CALLED  
TO YOUR OFFICE, AND I'M BEEN TOLD  
~~TO SEND IT WITH A FORM THAT I~~

DOWNLOADING IN THE INTERNET, I HOPE  
IS THE RIGHT ONE; I DON'T KNOW  
WHY I DIDN'T GET MY FORM;

I SEND IT ALSO A CHECK FOR  
\$ 150.00.-

THANK YOU VERY MUCH.

PATRICIA ~~APR~~

PRESIDENT