

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 20 PM 12:38

DOCUMENT # P03000072039

1. Corporation Name

FLORAL WORLD DISTRIBUTORS CORP.

STATE
MIAMI, FLORIDA

400106545374
07/23/07--01001--010 **1243.75

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
7690 SW 139TH STREET

3. Mailing Office Address
9501 SW 147TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33176 USA

Zip Country
33176 USA

4. Date Incorporated or Qualified To Do Business in Florida 06/19/2003

5. FEI Number 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
YISHAI HAYDELSTIEN

Street Address (P.O. Box Number is Not Acceptable)
9501 SW 147TH STREET

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 07/17/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FRANSISCO A AGUIAR	7690 SW 139TH STREET	MIAMI, FLORIDA
VP/S	FRANK A AGUIAR	7690 SW 139TH STREET	MIAMI, FLORIDA
T	YANISEL AGUIAR	7690 SW 139TH STREET	MIAMI, FLORIDA

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 contained in Chapter 119, 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

Date

305-971-6101

Daytime Phone #