

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 25 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000072039

1. Corporation Name

FLORAL WORLD DISTRIBUTORS CORP.

2. Principal Office Address - No P.O. Box #

3475 W. FLAGLER ST

3. Mailing Office Address

126 S.W. 32ND CT. RD.

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2003

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
JOSE LUIS LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.
3RD FLOOR

City
CORAL GABLES

State
FL

Zip Code
33134

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.

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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

Jose Lopez
REGISTERED AGENT MUST SIGN

Date 06/22/09

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	BARRES-FANJUL, AGUSTINE	1930 NW 36TH AVENUE	MIAMI FL 33125
SVP/S	HAYDELSTIEN, YISHAI	1930 NW 36TH AVENUE	MIAMI FL 33125
VP	RUBIO, VICTORIA	1930 NW 36TH AVENUE	MIAMI FL 33125
VP	TIRADO, FRANCISCO	1930 NW 36TH AVENUE	MIAMI FL 33125
T	PRAZUELA, WILLIAM	1930 NW 36TH AVENUE	MIAMI FL 33125

PR 6/26

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:

Victoria Rubio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/09
Date

305 492-0430
Daytime Phone #

REINSTATEMENT 04-09
CR2E081 (12/08)