

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 DEC -6 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074990

1. Corporation Name  
YUMI'S FLOWERS AND  
GIFT SHOP, CORP.

2. Principal Office Address  
2360 W 68 ST

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
# 2360

Suite, Apt. #, etc.

City & State  
HIACLEAH, FLA.

City & State

Zip  
33016 Country  
U.S.A.

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida 10-25-93

5. FEI Number  
65-0445829 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  
MIRIAM PONTE

Street Address (P.O. Box Number is Not Acceptable)  
2360 W 68 ST

Suite, Apt. #, Etc.  
# 2360

City  
HIACLEAH, FL

State  
FL Zip Code  
33016

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-12/12/00--01069--027  
\*\*\*\*908.75 \*\*\*\*908.75

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 Miriam Ponte

Date 12-05-00

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
PSDT	ENORIDES RONDON	2360 W 68 ST	HIACLEAH, FL 33016
VP	MIRIAM PONTE	2360 W 68 ST	HIACLEAH, FL 33016

TO REINSTATEMENT

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: Miriam Ponte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-05-00(305)  
Daytime Phone # 608-2955