

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -1 AM 8:27

DOCUMENT # **P99000054509**

1. Corporation Name **KENDALL FLORIST, INC.**
10537 So. DIXIE HWY.
MIAMI - FL 33156
(305) 666-6116

2. Principal Office Address **10537 So. DIXIE HWY.**

3. Mailing Office Address **10537 So. DIXIE HWY**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **06/15/1999**

City & State **MIAMI FL**

City & State **MIAMI FL**

5. FEI Number **65-0928047** Applied For Not Applicable

Zip **33156** Country **USA**

Zip **33156** Country **USA**

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **MARCOS SILVEIRA & SAGRARIO SILVEIRA**

Street Address (P.O. Box Number is Not Acceptable) **21511 SW 90 Ave**

Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33189**

600005080906-4
-03/11/02--01061--021
****388.00 ****380.00

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 **02-26-02**
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
VP	MARCOS SILVEIRA	21511 SW 90 AVE	MIA - FL 33189
PRES	SAGRARIO SILVEIRA	21511 SW 90 AVE	MIA - FL 33189

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 **MARCOS SILVEIRA** Date **02-26-02** Daytime Phone # **(305) 666-6116**

CR2E081 (9/01)

KENDALL FLORIST, INC.

10537 S. DIXIE HWY, PINECREST – FL 33156

(305) 666-6116 FAX (305) 665-7912

February 27, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations
PO Box 6327
Tallahassee – FL 32314

Dear Sir or Madam

I was quite surprised last week to find out that Happy Bunch Flowers, Inc., was dissolved as a Corporation.

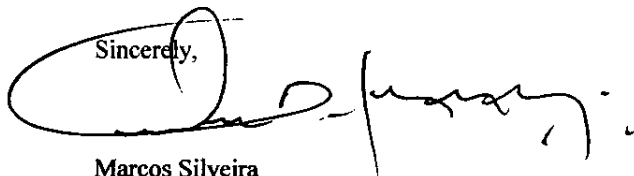
After calling the Department, I was told that annual reports were not filed and therefore the Corporation was dissolved.

Since incorporation we have moved to 9800 SW 77 Ave, Miami – FL 33156 for about 20 months and later to 10537 S. Dixie Hwy, Miami – FL 33156. According to documentation annexed, we purchased a new location (thus the name change) earlier last year and the accountant and attorney filed the amendment with the new address. I was confident everything was taken care of, but I have not received any correspondence regarding the renewal. I have all taxes and other paperwork up to date and really regret had failed this one.

I respectfully request the penalties be waived, and am sending payment and form to reinstate the corporation.

I appreciate your understanding and cooperation in this matter. My daytime phone number is listed below, if you need to get in contact with me.

Sincerely,



Marcos Silveira
Kendall Florist, Inc.
(305)666-6116