PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -8 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300008899123
11/08/02--01124--005 **150.00

DOCUMENT # 288512

1. Corporation Name

FLOWERS ROYALE, INC.

Principal Place of Business	Mailing Address
7455 N.W. 8 ST. MIAMI FL 33126	7455 N.W. 8 ST. MIAMI FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/11/1965

5. FEI Number: 59-1098653 — Applied For ☐ Not Applicable ☐

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FERRO, JULIO	6988 SUNRISE DRIVE	CORAL GABLES FL
STD	PADIAL,NORA	10220 S.W. 91ST STREET	MIAMI FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FERRO, JULIO 6988 SUNRISE DRIVE CORAL GABLES FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11/5/02

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Julio Ferro — Date: 11/5/02 — Daytime Phone #

CR2E040 (8/02)

Flowers Royale, Inc.
7455 N.W. 8th STREET • MIAMI, FLORIDA 33126
PHONE: (305) 262-1577
1-800-327-7477

November 5, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Bo x6327
Tallahassee, Florida 32314

RE: Document #288512

Gentlemen:

We did not receive the form you usually mail around January, for this year. If you check our records you will see that we have always filled our form and paid the fee on a timely basis.

We have included the signed application for reinstatement, and are including our check #17901 in the amount of $150.00, as instructed by Mr. Justin from your office.

We apologize for this involuntary ommission and will make sure to look out for this form in January and call you if not received.

We appreciate your waving the reinstatement fees. If you have any questions, or need anything further, please contact me at (305)262-1577.

Thank you for your assistance in this matter.

Sincerely,

Nora Padial

Nora Padial

NP:bt
Encl.