

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

7455 N.W. 8 ST.
MIAMI FL 33126

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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

FERRO, JULIO
6988 SUNRISE DRIVE
CORAL GABLES FL 33133

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

REGISTERED AGENT MUST SIGN

Date

11/5/02

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 #

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. Box 6327
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.

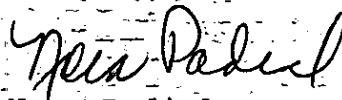
We have included the signed application for reinstatement, and are including our check #17901 in the amount of \$150.00, as instructed by Mr. Justin from your office.

We apologize for this involuntary omission 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

NP:bt
Encl.