


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701259			
1. Corporation Name Metropolitan Miami Flower Show, Inc.			
2. Principal Office Address 55 S.W.17 Road Suite, Apt. #, etc.		3. Mailing Office Address % Patricia J. Bennett 931 N. E. 116 Street City & State Miami, Fl. 33161 Zip 33129 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 1950		5. FEI Number 59-6057247	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7. Name and Address of Current Registered Agent	
Name Sallye Jude	
Street Address (P.O. Box Number is Not Acceptable) 200 Edgewater Drive	
Suite, Apt. #, Etc.	
City Coral Gables, FL	
State FL	Zip Code 33133

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 <i>Sallye Jude</i>	Date Nov 6, 2001
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
Pres.	Sallye Jude	200 Edgewater Drive	Coral Gables, Fl. 33133
1st VP	Teresa Rodriguez	11600 SW 98 Ave.	Miami, Fl. 33136
2nd VP	Freda Janney	10110 SW 81 Street	Miami, Fl. 33173
Secy.	Linda-Sigmeister	432 Loretto Avenue	Coral Gables, Fl. 33146
Treas.	Patricia J. Bennett	931 NE 116 Street	(Miami, FL) (33161) Biscayne Park, Fl. 33161

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.	
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SIGNATURE: Patricia J. Bennett *Patricia J. Bennett* 2/Nov. 2001 (305) 893-9818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #