

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JAN 14 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701259

1. Corporation Name

Metropolitan Miami Flower Show Inc.

300010068052
01/14/03--01/28--022 **236.25

~~01/14/03--01/28--022 **236.25~~

REINSTATEMENT 2002

2. Principal Office Address

55 SW 17 Road

Suite, Apt. #, etc.

3. Mailing Office Address

11905 SW 84 Ave

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33129

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1950

5. FEI Number

59-605-7247

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

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

Sallye Jude SALLYE G. JUDE

Date 1-8-03

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
P.D.	Linda Siegmeister	432 Loretto Ave.	Coral Gables, Fl. 33146
VP D	Freda Janney	930 San Pedro	Coral Gables, Fl. 33156
S D	Donna Box	300 Leucadendra	Coral Gables, Fl. 33156
T D	Grace Hedin	11905 SW 84 Ave.	Miami, Fl. 33156

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: *Grace Hedin T.* Grace Hedin Tres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/03

Date

305-235-4591

Daytime Phone #

CR2E081 (10/02)