

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 10 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0384

DOCUMENT # **G04059**
1. Corporation Name
INTERNATIONAL FLOWER EXCHANGE, INC.

2. Principal Office Address 2980 NW 74 AVE.		3. Mailing Office Address P.O. BOX 524018	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33122	Country USA	Zip 33152-4018	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/12/1982		
5. FEI Number 59-2226501	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name CONRAD ALFONSO		
Street Address (P.O. Box Number is Not Acceptable) 2980 NW 74 AVE.		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33122

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: *[Signature]* Date: **2/5/04**

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	CONRAD ALFONSO	2980 NW 74 AVE.	MIAMI, FL, 33122
ST	ENRIQUE TAUREGUI	2980 NW 74 AVE.	MIAMI, FL, 33122

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: *[Signature]* Date: **2/5/04** Daytime Phone #: **305 594 4954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED01 (01/04)