PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 00-04 MRS

DOCUMENT # G40254

1. Corporation Name

Andrades Flowers, Inc.
c/o Thomas C. Pleiman, Jr., CPA

2. Principal Office Address	3. Mailing Office Address
9471 Baymeadows Road	9471 Baymeadows Road
Suite, Apt. #, etc. Suite 308	Suite, Apt. #, etc. Suite 300
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32256 / Country Duval	Zip 32256 / Country Duval

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2290303 — 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: Thomas C. Pleiman, Jr., CPA

Street Address (P.O. Box Number is Not Acceptable): 9471 Baymeadows Road

900035787489
05/07/04--01095--033 **138.75

Suite, Apt. #, Etc.: Suite 308

City: Jacksonville | State: FL | Zip Code: 32256

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 _____ Date 3/17/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D/P	John E. Ogrodnik	2525 Arapahoe Avenue Unit E-4, PNB #136	Boulder, CO 80302

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: John E. Ogrodnik 3/15/04 John E. Ogrodnik 720-635-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #