

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 21 PM 3:33

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **H41509**

1. Corporation Name **B&L Harbour Flowers INC.**

2. Principal Office Address
10462 NW 130 Street

Suite, Apt. #, etc.

3. Mailing Office Address
10462 NW 130 Street

Suite, Apt. #, etc.

City & State
Hiwaleh Gardens, Fla.

Zip
33018

Country
United States

City & State
Hiwaleh Gardens, Fla.

Zip
33018

Country
United States

REINSTATEMENT 01-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **Feb. 5, 1985**

5. FEI Number
59-2485083

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mr. Ramon Piloto

Street Address (P.O. Box Number is Not Acceptable)
567 NE 65 STREET

Suite, Apt. #, Etc.

City
MIAMI, FLA.

State
FL

Zip Code
33138

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 **Ramon Piloto**

REGISTERED AGENT MUST SIGN

Date **9/18/06**

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
DTP	Mercy Cordova	14313 SW 182 TERRACE MIAMI, FLA. 33177	MIAMI, FLA. 33177

000080387130
10/03/05--01023--006 **900.00

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 contained in Chapter 119, 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:

Mercy Cordova **Mercy Cordova 305 893-7280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept. 18, 2006

Bal Harbour Flowers inc.
10462 N.W. 130 Street
Hialeah Gardens, Fla. 33018
305-893-7290

Department of State Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Ref. The dissolution/revocation of corporation.
Years from 2001 to 2006.
Spoke to Michelle Milligan on Sept. 13, 2006.

Department of State Division of Corporations,
Bal Harbour Flowers inc. Was moved to 10462 N.W. 130 Street Hialeah Gardens,
Fla. 33018. And a change of address was made when the corporation was moved with the post
office. I'm sending a check in the amount of \$900.00 to reinsate the corporation for the years not
filed. do to non- receipt of forms for those years.

Thank you,
Bal Harbour Flowers Inc.