

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT -9 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J14402

1. Corporation Name

De Lottus Flower Shop, Inc.

2. Principal Office Address

1515 Sunset Dr.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33143

Country

U.S.A.

3. Mailing Office Address

1515 Sunset Dr.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33143

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/86

5. FEI Number

59-2680978

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

06

**7. Name and Address of Current Registered Agent**

Name

Bacardi, Ruby

Street Address (P.O. Box Number is Not Acceptable)

5830 Maynada St.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

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
D/P/S/T	Bacardi, Ruby	5830 Maynada St.	Coral Gables, FL 33146

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:

*Ruby Bacardi*

Ruby Bacardi

10 5 06

Date

Daytime Phone #

305-666-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) A \$600.00 reinstatement fee is imposed, except in circumstances in which the entity did not receive the prior notices. By checking this box, you are certifying that the prior notices were not received, and that the \$600.00 reinstatement fee will be waived.

10/10/06