

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -4 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K19776

1. Corporation Name MIAMI TROPICAL PLANTS, INC.

REINSTATEMENT 02-03
400011784474
02/04/03--01056--012 **900.00

2. Principal Office Address 17200 SW 248 Street Suite, Apt. #, etc. City & State Homestead, Florida Zip 33031		Country USA	
3. Mailing Office Address 17200 SW 248 Street Suite, Apt. #, etc. City & State Homestead, Florida Zip 33031		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida	3/31/88
5. FEI Number 65-0050596	Applied For Not Applicable
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 E.H.G. Resident Agents, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 5100 Town Center Circle, Suite 430 Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33486

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 1/30/03
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
PD	Ken A. Lee	13344 S.W. 106 Avenue 12366 S.W. 140 STREET	Miami, FL 33176 33186

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] Ken Lee, Pres. Date 1/30/03 305-245-0828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)