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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94655

1 Corporation Name
Brickell World-Wide Flower Co. Inc.

Principal Place of Business Mailing Address
8445 S.W. 132 Street 8445 S.W. 132 Street
Miami, Fla. 33176 Miami, Fla. 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/06/1989	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0125202	
Country		Country		Applied For Not Applied	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	William J. Kissel	11345 S.W. 102 Ct.	Miami, Fla. 33176

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-05/11/00--01088--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
William J. Kissel 8445 S.W. 132 Street Miami, Fla. 33156		Name Francisco Arguelles CPA Street Address (P.O. Box Number is Not Acceptable) William J. Kissel Suite, Apt. #, Etc. 8445 SW 132 Street City Miami State FL Zip Code 33156	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *William J. Kissel* REGISTERED AGENT MUST SIGN Date 10-22-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *William J. Kissel* William J. Kissel 10-22-99 (305) 374-84
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

X *William J. Kissel* William J. Kissel DATE 4-29-00