

L000000013224

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000013224
Name and Mailing Address

FILED
2002 OCT 31 AM 10:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0007125 01 FP 0.352 **PRSR T2 0 0615 21075-634975
INTERFLORAL, LLC
6675 G BUSINESS PARKWAY
ELKRIDGE MD 21075-6349



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/25/2000	
Principal Place of Business 689 VERONA CT. WESTON FL 33326	6. FEI Number 52-2275723		Applied For Not Applicable
8. Name and Address of Current Registered Agent SCARPA, RANDY 689 VERONA CT. WESTON FL 33326		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) L00000013224 10/31/02--01077--007 **150.00	
		City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
GM	SUCCAR, SAMIR	6675 G BUSINESS PARKWAY	ELKRIDGE MD 21075

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Samir Succar Date 10-23-02 Daytime Phone # 410 796 7100
Typed or printed name of signing Managing Member/Manager Samir Succar

REINSTATEMENT 2002
