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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 14 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000611

Name and Mailing Address

0006181 01 AT 0.292 **AUTO T4 0 0615 33138-264067
ACCENTS FLOWERS & GIFTS, L.L.C.
1167 NE 99TH STREET
MIAMI SHORES FL 33138-2640

REINSTATEMENT

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
01/12/2001

Principal Place of Business
1167 NE 99TH STREET
MIAMI SHORES FL 33138-0000

3. New Principal Place of Business

City, State, Zip

6. FEI Number
36-4419145
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

OLIVIERI, GUSTAVO A
1167 NE 99TH STREET
MIAMI SHORES FL 33138-0000

9. Name and Address of New Registered Agent

Name

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

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 [signature] SIGNATURE REQUIRED Date 3/25/2004
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
MGR	OLIVIERI, GUSTAVO A	1167 NE 99TH STREET	MIAMI SHORES FL 33138-0000

REINSTATEMENT

2003-2004

600024975216
11/24/03--01048--009 **150.00

REINSTATEMENT

600024975216
04/14/04--01046--004 **50.00

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 [signature] SIGNATURE REQUIRED Date 11/20/2003 Daytime Phone # 305-3310874

Typed or printed name of signing Managing Member/Manager

631848