

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 DEC 20 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012163

1. Limited Liability Company's Name

FLORIST SUPPLIER LLC

2. Principal Office Address

6405 NW 36 STREET

Suite, Apt. #, etc.

SUITE 221

City & State

MIAMI, FL

Zip

33166

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

07/24/2001

6. FEI Number

65-1126049

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROCHA, MARTIN

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

6405 NW 36 STREET

Suite, Apt. #, Etc.

SUITE 221

City

MIAMI

State

FL

Zip Code

33166

9. 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 12/17/2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROCHA, MARTIN	6405 NW 36 STREET	MIAMI, FL 33166
MGRM	WILMA DIAZ	6405 NW 36 STREET	MIAMI, FL 33166

REINSTATEMENT 02-04
ew

900043534899
12/20/04--01064--020 **255.00

11. 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

Date 12/17/2004

Daytime Phone # (305) 874-5090

Typed or printed name of signing Managing Member/Manager ROCHA, MARTIN

CR2E041 (10/02)