


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY 29 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900130448309
05/30/08--01005--007 **411.25
CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 MAY 29 PM 1:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900130448309 05/30/08--01005--007 **411.25 CR2E041 (12/07)																					
DOCUMENT # L01000017248																									
1. Limited Liability Company's Name MONT FLOWERS INTERNATIONAL, LLC.																									
2. Principal Office Address - No P.O. Box # 327 SW 195TH AVE Suite, Apt. #, etc.		3. Mailing Office Address 327 SW 195TH AVE Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA, USA.																					
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL		5. Date Organized or Qualified To Do Business in Florida 10/09/2001																					
Zip 33029		Country U.S.A.		6. FEI Number: 651149366																					
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status				<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.																					
8. Name and Address of Current Registered Agent																									
Name BLADIMIR CHANORRO																									
Street Address (P.O. Box Number is Not Acceptable) 327 SW 195TH AVE																									
Suite, Apt. #, Etc.																									
City PEMBROKE PINES		State FL		Zip Code 33029																					
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 <u>Bladimir Chanorro</u> Date <u>3/28/08</u> REGISTERED AGENT MUST SIGN																									
10. Names and Street Addresses of Managing Members/Managers																									
<table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR.</td><td>ELVA VILLALBA</td><td>327 SW 195TH AVE</td><td>PEMBROKE PINES, FL 33029</td></tr><tr><td></td><td></td><td></td><td>L. SELLERS</td></tr><tr><td></td><td></td><td></td><td>MAY 30 2008</td></tr><tr><td></td><td></td><td></td><td>EXAMINER</td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR.	ELVA VILLALBA	327 SW 195TH AVE	PEMBROKE PINES, FL 33029				L. SELLERS				MAY 30 2008				EXAMINER
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																						
MGR.	ELVA VILLALBA	327 SW 195TH AVE	PEMBROKE PINES, FL 33029																						
			L. SELLERS																						
			MAY 30 2008																						
			EXAMINER																						
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 <u>Elva Villalba D.</u> Date <u>3/28/08</u> Daytime Phone # <u>954 732 8325</u>																									
Typed or printed name of signing Managing Member/Manager <u>ELVA VILLALBA D.</u>																									