

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

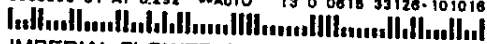
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000027702

Name and Mailing Address

0005698 01 AT 0.292 \*\*AUTO TS 0 0618 33126-101016



IMPERIAL FLOWER GROUP, LLC  
8416 N.W. 17TH ST  
MIAMI FL 33126-1010

400027309494  
01/21/04--01007--028 \*\*200.00



1/21

2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/18/2002	
Principal Place of Business 8416 N.W. 17TH ST MIAMI FL 33126	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1174590	Applied For Not Applicable
8. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for Certificate of Status	
		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 <u>STEVEN H. HAGEN</u> <b>SIGNATURE REQUIRED</b> Date _____ AGENT MUST SIGN VICE PRESIDENT			
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	Robert Gravitz	8416 N.W. 17th Street	Miami, Florida 33126
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 608.408, 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>Robert Gravitz</u> <b>SIGNATURE REQUIRED</b> Date <u>1/15/04</u> Daytime Phone # <u>609-965-4200</u> Typed or printed name of signing Managing Member/Manager <u>Robert Gravitz</u>			

REINSTATEMENT 2003-2004