

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# L06000095561

Entity Name: EXCLUSIVE FLOWERS & BASKETS LLC

Current Principal Place of Business:

854 NW 87TH AVENUE #409
MIAMI, FL 33172

New Principal Place of Business:

1951 S.W. 23RD STREET
MIAMI, FL 33145

Current Mailing Address:

854 NW 87TH AVENUE #409
MIAMI, FL 33172

New Mailing Address:

1951 S.W. 23RD STREET
MIAMI, FL 33145

FEI Number: 20-5649380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ-GARCIA, JORGE LUIS ESQ.
1570 MADRUGA AVENUE, SUITE 211
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LOPEZ-GARCIA, JORGE LUIS ESQ.
1450 MADRUGA AVENUE, SUITE 408
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JORGE LUIS LOPEZ-GARCIA

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIVERA, DIVANA
Address: 854 NW 87TH AVENUE #409
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALACIOS, NOHELLY
Address: 1951 S.W. 23RD STREET
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NOHELLY PALACIOS

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date