PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

'03 APR 22 AM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 38462

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04/22/03--01072--030 **908.75

REINSTATEMENT 02-03

1. Corporation Name

FIELD OF FLOWERS, INC.

2. Principal Office Address	**3.** Mailing Office Address
5123 S. UNIVERSITY DRIVE	5123 S. UNIVERSITY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FLORIDA	City & State: DAVIE, FLORIDA
Zip: 33328 / Country: USA	Zip: 33328 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/89

5. FEI Number: 65-0180-887 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DONN F. FLIPSE

Street Address (P.O. Box Number is Not Acceptable): 4822 GRANADA BLVD.

Suite, Apt. #, Etc.:

City: CORAL GABLES | State: FL | Zip Code: 33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Donn F. Flipse — Date: 4/18/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P&CEO	DONN F. FLIPSE	4822 GRANADA BLVD.	CORAL GABLES, FL 33146
S & T	DONN K. FLIPSE	1428 SOROLLA	CORAL GABLES, FL 33134

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Donn F. Flipse — DONN F. FLIPSE — 4/18/03 — (954)6802406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #