

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M28537

**1. Corporation Name**

Potpourri, Inc.

**2. Principal Office Address**

12400 Croton Road

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33181-2632

Country

USA

**3. Mailing Office Address**

12400 Croton Road

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33181-2632

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 7, 1986

**5. FEI Number**

592666514

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

05 OCT 19 PM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

0105

**7. Name and Address of Current Registered Agent**

Name

Jerry R. Lara

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

12400 Croton Road

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33181-2632

**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

*J. Lara*

Date 10/05/05

REGISTERED AGENT MUST SIGN

**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/D	Jerry R. Lara (S Corp)	12400 Croton Road	North Miami, FL 33181

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/05

Date

305/790-8557

Daytime Phone #