

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000011458

1. Entity Name
FLORIAN CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 29 PM 12:48

Principal Place of Business
3300 SW 143 PLACE
MIAMI, FL 33175

Mailing Address
9790 SW 24TH ST
MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252007

REIN-P

CR2E098 (1/07)

4. FEI Number
65-0986764

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIAN, CARMEN E
3300 SW 143RD PLACE
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-22-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FLORIAN, CARMEN E
STREET ADDRESS 3300 SW 143RD PLACE
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☐ Delete
NAME FLORIAN, MANUEL J
STREET ADDRESS 3300 SW 143RD PLACE
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☐ Delete
NAME FLORIAN, JOSUE M
STREET ADDRESS 3300 SW 143RD PLACE
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000112035280
CITY-ST-ZIP 11/06/07--01081--002 **1217.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-07

Date

Daytime Phone #

REINSTATEMENT

B 11/1/07