

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN -3 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000055862**

1. Corporation Name

Blooming Trends, Inc.

2. Principal Office Address

2231 SW 82 PI,

Suite, Apt. #, etc.

3. Mailing Office Address

9901 SW 123 Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33155

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/2000

5. FEI Number

651015669

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

Alina A. Alzugaray

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

9901 SW 123 Ave

Suite, Apt. #, Etc.

Miami, FL

City

Miami

State

FL

Zip Code

33186

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

Alina A. Alzugaray

REGISTERED AGENT MUST SIGN

Date

5/28/03

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
Pres	Alina Alvarez Alzugaray	9901 SW 123 Ave.	Miami, Florida
V.Pre	Alina Alvarez Alzugaray	9901 SW 123 AVE	Miami, Florida
Secr	Alina Alvarez Alzugaray	9901 SW 123 Ave.	Miami, Florida

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

305-905-0153

Daytime Phone #

CR2E081 (10/02)

2613

Blooming Trends
9901 SW 123 Ave.
Miami, Florida 33186
305-905-0153

Blooming Trends, Inc.

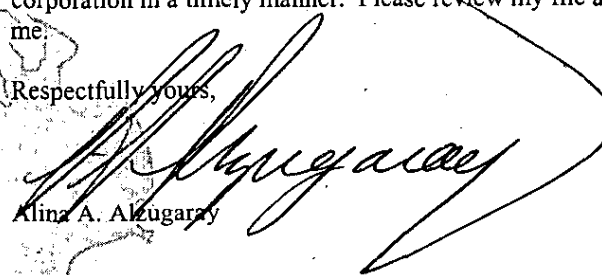
May 13, 2003

Division of Corporations
Att: Mr. Tyrone Scott
P.O. Bx 6327
Tallahassee, Florida 32314

Dear Sir:

~~Thank you for taking the time to talk to me today. As I expressed to you in our conversation. I travel every month to Quito Ecuador. In my last visit I had an accident and broke my foot. Due to medical reasons I was unable to come back into the States to attend to my business and reinstate my corporation in a timely manner. Please review my file and you will note that this as never occurred to me~~

Respectfully yours,


Alina A. Alzugaray

Blooming Trends, Inc.
9901-SW-123-Ave.
Miami, Florida 33186