

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 29 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002624

1. Corporation Name

USA4FLOWERS.COM, INC.

02-03

100020251031
05/29/03--01038--014 **308.75

2. Principal Office Address

9875 SE FED. HWY

3. Mailing Office Address

201 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE-1700

4. Date Incorporated or Qualified To Do Business in Florida

01/08/2001

City & State

HOBE SOUND, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33455

Country

USA

Zip

33131

Country

USA

5. FEI Number

65-1064901

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

MIAMI CENTER REGISTERED AGENTS, LLC

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

201 S. BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 1700

City

MIAMI

State

FL

Zip Code

33131

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

Nancy Philips
Vice President
REGISTERED AGENT MUST SIGN

Date 05/23/2003

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
D	Nancy Philips	9875 SE Federal Highway	Hobe Sound, Florida 33455

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:

Nancy Philips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Philips

5/22/03
Date

772-546-8402
Daytime Phone #

CR2E081 (10/02)

5/30