## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING-THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State FILED P01000044308 02 NOV 13 PH 5:33 **DOCUMENT #** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BLOOMING LAND CORPORATION Principal Place of Business Mailing Address 5584 NW 114TH AVENUE APT 210 5584 NW 114TH AVENUE APT 210 MIAMI FL 33178 MIAMI FL 33178 800008506298 11/13/02--01046--024 \*\*600.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 05/03/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-11-06853 Not Applicable Zip Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 2 3 D **BURBANO, LUIS** 5584 NW 114TH AVENUE APT 210 **MIAMI FL 33178** 800008606298 10/28/02--01034--025\_\*\*150\_00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent **BURBANO, LUIS** Street Address (P.O. Box Number is Not Acceptable) 5584 NW 114TH AVENUE APT 210 **MIAMI FL 33178** Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent GISTERED AGENT MUS 11. 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 filling 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

1. 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 filling 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 HAME OF SIGNING OFFICER OR DIRECTOR

10/zz/zooz 305-3459879



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 30, 2002

BLOOMING LAND CORPORATION 5584 NW 114TH AVENUE APT 210 MIAMI, FL 33178

SUBJECT: BLOOMING LAND CORPORATION

Ref. Number: P01000044308

We have received your document for BLOOMING LAND CORPORATION and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2002 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2002 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell Document Specialist

Letter Number: 702A00059708