PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 26 PM 2:15

DOCUMENT # P01000105843

1. Corporation Name
Fort Lauderdale Flowers Inc

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 6345 N. Federal Hway | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Boca Raton | <- SAME |
| City & State | City & State |
| Florida | |
| Zip: 33487 Country: USA | Zip: Country: |

02/20/2003 90252 030 #300.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1158655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Alan C. Kaufman & Associates P.A.
Street Address (P.O. Box Number is Not Acceptable): 5355 Town Center Rd.
Suite, Apt. #, Etc.: Suite 1102
City: Boca Raton State: FL Zip Code: 33486

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 _____ Date 2.18.03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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/S | MICHELE GUERIN | 20335 W. COUNTRY CLUB DR. | AVENTURA, FL 33180 |
| V/T | Cheryll Cain | 6850 NW 2nd Ave #26 | Boca Raton Fl. 33487 |
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| | | | |

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: Cheryll Cain V.P 2/18/03 561 989 8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #