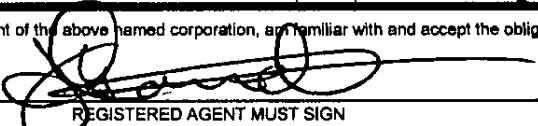
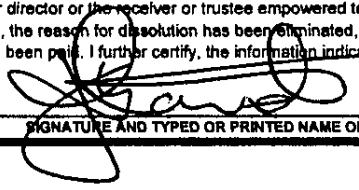


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000111234			
1. Corporation Name FLO GUM, Inc.			
2. Principal Office Address - No P.O. Box # 7604 Industrial Lane		3. Mailing Office Address 28138 Brokenmead Path	
Suite, Apt. #, etc. Unit 1A		Suite, Apt. #, etc.	
City & State Tampa, FL.		City & State Wesley Chapel, FL.	
Zip 33637	Country U.S.A.	Zip 33543	Country U.S.A.
7. Name and Address of Current Registered Agent Name Joseph Garrido Street Address (P.O. Box Number is Not Acceptable) 28138 Brokenmead Path Suite, Apt. #, Etc. City Wesley Chapel State FL Zip Code 33543			
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  REGISTERED AGENT MUST SIGN			
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
DP	Joseph Garrido	28138 Brokenmead Path	Wesley Chapel, FL. 33543
DV	Subbecca Garrido	28138 Brokenmead Path	Wesley Chapel, FL. 33543
DST	Concepcion Garrido	28138 Brokenmead Path	Wesley Chapel, FL. 33543
10. E-mail Address: <u>Joe_boy@verizon.net</u> <small>(To be used for future annual report notification)</small>			
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 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. I further certify, 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: 		Joseph Garrido SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		11/24/2009 813-907-9322 <small>Date Daytime Phone #</small>	