

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000117292

1. Corporation Name

Biscayne Florist, Inc.

2. Principal Office Address

8201 Biscayne Boulevard

3. Mailing Office Address

8201 Biscayne Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/01

5. FEI Number

65-1158999

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

Corporate Creations International, Inc.

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

941 Fourth Street

Suite, Apt. #, Etc.

#200

City

Miami

State  
FL

Zip Code

33139

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

Taide Baez

Date 12/20/01

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	Jan Kornman	Hondstong#15, Heemskerk 1964 LG	The Netherlands
V/T	Michel Defosse	7946 East Drive	Miami, FL 33141

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)(l), 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:

MICHEL DEFOSSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/02 (305) 498-7142

Date

Daytime Phone #

CR2E001 (8/01)

12/30

*Biscayne Florist, Inc.*

8201 Biscayne Blvd.  
Miami, Fl 33138  
(305) 751-3166

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Attn: Reinstatement Division

Ref: Document #P01000117292

Dear Sir or Madam:

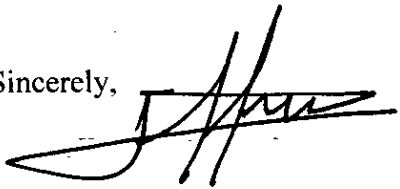
We are enclosing \$150.00 for the annual fee of our corporation.

We would like to respectfully ask you to please reinstate our corporation and wave the \$600.00 penalty since we did not receive the notice of the annual report. This was probably due to the fact the letter never made it to Holland, which is the address, you have on file.

We are now changing our address to an U.S. Address.

We apologize for any inconvenience this has caused and would like to thank you ahead of time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michel Defosse', written over a horizontal line.

Michel Defosse  
Vice President