

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -7 PM 3:47

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000022606

**1. Corporation Name**

Petals & Petals, Inc.

**2. Principal Office Address**

2626 NW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

**3. Mailing Office Address**

P.O. Box 227356

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/28/2002

**5. FEI Number**

030397805

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

Giovannina Faini

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

2626 NW 72 Avenue

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33122

**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

*Giovannina Faini*

REGISTERED AGENT MUST SIGN

Date 10/06/2003

**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
President	Giovannina Faini	1601 South Ocean Drive #1105	Hollywood, Florida 33019

**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:

*Giovannina Faini*

Giovannina Faini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2003 786-256-0776

Date

Daytime Phone #

CR2E081 (10/02)

7/10/9



October 6<sup>th</sup>, 2003

**Department of State**  
**Divisions of Corporations**  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Sirs,

In reference to the Annual Report, I found –during the weekend on the Internet- that my Corporation **Petals & Petals, Inc.** is up for dissolution because of unpaid dues corresponding to \$150.00 for year 2003.

I was alarmed and surprised because I have never received any notices from your office, and my corporation is still in good standing and operational according to my records, therefore I contacted you by phone immediately on the following business day, which is today, October 6, 2003. We are a new company and were not aware that we were supposed to renew our Annual Report dues, otherwise this fact would have been noticed earlier. We apologize for that.

Apparently the problem derives from a mistake on your records showing wrong address for my company.

Please be advised that the correct mailing address for my company is:

Petals & Petals, Inc.  
P.O. Box 227356  
Miami, Florida 33122-7356

I will immediately send payment for \$150.00 in order to cover the 2003 fess due. I hereby request the waiver of any penalty caused by delayed payment de to your error on the records and a confirmation that all my documents are in good order.

Thank you for your prompt attention to this request.

Cordially,

Giovannina Faini  
**Petals & Petals, Inc.**