PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 25 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

700028174207
02/25/04--01006--002 **150.00

DOCUMENT # P02000068604

1. Corporation Name
TIMELESS FLOWERS INC

2. Principal Office Address	3. Mailing Office Address
3255 NW 102ND AVE	3255 NW 102ND AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL.	City & State: SUNRISE, FL.
Zip: 33351 Country: U.S.A	Zip: 33351 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 6/21/2002

5. FEI Number: 81-0557647 ☐ 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: BRENDA DUCKWORTH

Street Address (P.O. Box Number is Not Acceptable): 3255 NW 102ND AVE.

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02/04/04--01010--023 **750.00

Suite, Apt. #, Etc.

City: SUNRISE, State: FL Zip Code: 33351

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: 1/27/04
REGISTERED AGENT MUST SIGN

CR2E081 (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	BRENDA DUCKWORTH	3255 NW 102ND AVE	SUNRISE, FL 33351
V	DAVID DUCKWORTH	3255 NW 102ND AVE.	SUNRISE, FL 33351

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: _____ - BRENDA DUCKWORTH 1/27/04 (954) 578-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #