

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

P02000100593

DOCUMENT # P0200100593

1. Corporation Name

Flower Market Connection, Corp

2. Principal Office Address

2878 NW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

USA

3. Mailing Office Address

2878 NW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

USA

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

5. FEI Number

113661574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 OCT 17 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023870688
10/17/03--01022--016 **150.00

7. Name and Address of Current Registered Agent

Name

Carmen Charvêt

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

4680 NW 107 Avenue

Suite, Apt. #, Etc.

Apt 1506

City

Miami

State

FL

Zip Code

33178

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

Carmen Charvêt

REGISTERED AGENT MUST SIGN

Date Oct 10 / 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
PD	Carmen Charvêt	4680 NW 107 Avenue Apt 1506	Miami, FL 33178
Trea	Dolores J. Sanchez	4680 NW 107 Avenue apt 1506	Miami, FL 33178

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:

Carmen Charvêt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 10 / 2003

Date

786 488 8944

Daytime Phone #

CR2E081 (10/02)

FLOWERMARKET Connections Corp.

October 10, 2003

Florida Dept of State
Division of Corporations
P.O. Box 637-
Tallahassee, FL 32314

Re: FlowerMarket Connections, Corp.
Document Number: P0200100593

Dear Sir:

This letter regarding the annual report for the above mention company. I am respectfully requesting the abatement of the reinstatement fees. Since the Corporation move from the previous address 2108 NW 99 avenue Miami, FL 33172 to our new address 2878 NW 72 Avenue Miami, FL 33122 and when it was time to file the report I did not received the form.

Please review the above circumstance and abate the penalty. I will make the payment on time from now on and notify you of any change that might occur. Enclosed is an original Corporation Reinstatement Form and a check payable to the Dept of State of \$150.00.

Thanks for your attention to this matter.

Cordially,



CARMEN CHARVET
President