

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000 106391

1. Corporation Name

Brewing Flowers, Inc  
W07-37228

2. Principal Office Address - No P.O. Box #

19715 NW 48ct

3. Mailing Office Address

19715 NW 48ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa-Locka, FL

City & State

Opa-Locka, FL

Zip

Country

33055 USA

Zip

Country

33055 USA

**7. Name and Address of Current Registered Agent**

Name

Vidal Aguila

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

19715 NW 48ct

Suite, Apt. #, Etc.

City

Opa-Locka

State

FL

Zip Code

33055

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7-20-07

**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	Vidal Aguila	19715 NW 48ct	Miami, FL 33055
			100109474561 08/22/07--01046--014 **150.00
			300105977683 07/31/07--01021--015 **208.75
			300105977683 07/31/07--01021--016 **150.00

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 contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-07

FILED

07 AUG 17 AM 10: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 04-07

CR2E081 (1/07)