PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PO2000 21528 1. Corporation Name Beautiful Baskets By Ari, Inc. 2. Principal Office Address 8500 NW South River Drive Suite Apt 8 to E Suite A	CORPO REINSTA					S	DEPART Secretary SION OF CO	of S			07 MAY	ILED II AM 9: 04		
2. Principal Office Address - No P.O. Box # 8600 NW South River Drive Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 227 City & State Milami Milami Milami Special Country 33166 Country 33166 Country 33166 Country 33166 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking the certified th											TALLAHA	RRY OF STATE SSEE, FLORIDA		
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Applied For Not								4. Date Incorporated or Qualified To Do Business in Florida 11/12/2002						
33166 USA 33166 USA SAGGREEN STATUS DESIRED STATUS	•				l' .			5. FEI Number Applied For 56-7304194						
Anadne Villalonga The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Chy File										CEDTIFICATE OF STATUS DESIDED 30.75 Additional Fee required				
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Suite, Apt. #, Etc. City His Island State State	Street Address (P.O. Box Number is Not Acceptable) 1694 W 59th ST								the prior notices. By checking this box, you					
State FL 33012 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 Regist	Suite, Apt. #, Etc.								received and requesting the reinstatement					
Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 P Ariadne Villalonga 1694 W. 59 ST. Hialeah, FL.33012 105./23./0701010022 **1200.00 105./23./0701010022 **1200.00 10. I certify that I am an officer or director-or the relever or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 eath.	City Hialeah							_	Zip Code 33012	. lee De Walveu.				
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #														