2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: 1/2

DOCUMENT # P03000046790 05 MAY 20 AM 11: 20 1. Entity Name
TONY'S ORNAMENTAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7524 NW 8TH ST. 7524 NW 8TH ST. MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P 05062005 CR2E098 (6/04) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CACERES, JOSE A Street Address (P.O. Box Number is Not Acceptable) 7524 NW 8TH ST. MIAMI, FL 33126 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Detete TITLE ☐ Change ☐ Addition CACERES, JOSE A NAME NAME 7524 NW 8TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP 300055567713 06/01/05--01013--004 **30 TITLE ☐ Delete TITLE ☐ Addition NAME **300.00 STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete IIILE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

2/2

Martinez and Alvarez, PA Certified Public Accountants

May 5, 2005

State of Florida Division of Corporations PO Box 6327 Tallahassee, Fl 32314

Dear Agent:

RE: Tony's Ornamental,Inc. Document #: P03000046790

Upon retaining us to a couple of days ago for the accounting/bookkeeping we noted that the Corporation had been administratively dissolved. We ask that you please wave the reinstatement fee of \$600, due to that our client was not aware that he must renew the Corporation annually, as well as does not recall receiving any correspondence from the State in regards to the renewal or dissolution of the Corporation.

Attach please find the reinstatement form and a check in the amount of \$300, to bring his Corporation up to date.

If there are any questions, please do not hesitate to contact us.

Respectfully Yours

Jeannie Espinosa, CPA

For the Firm

Jose A. Caceres President