2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000057800

Entity Name: TROPICAL FLOWERS ENTERPRISES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3300 EAST 4TH AVE #4 1570 W 43 PL HIALEAH, FL 33013

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HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

3300 EAST 4TH AVE #4 1570 W 43 PL

HIALEAH, FL 33013

HIALEAH, FL 33012

FEI Number: 59-1169534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOMEZ, AMARILYS D GOMEZ, AMARILYS D 7305 WÉST 7TH COURT 4801 SW 201 TERR

HIALEAH, FL 33014 SOUTHWESTRANCHES, FL 33014 US

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.

SIGNATURE: AMARILYS D GOMEZ 04/30/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

GOMEZ, AMARILYS D Name: Name: GOMEZ, AMARILYS D 3300 EAST 4TH AVE #4 4801 SW 201 TERR Address: Address:

City-St-Zip: HIALEAH, FL 33013 City-St-Zip: SOUTHWEST RANCHES, FL 33332

() Delete Title: VSD Title: VSD (X) Change () Addition

QUIRANTES, JORGE G QUIRANTES, JORGE G Name: Name: 3300 EAST 4TH AVE #4 Address: 4801 SW 201 TERR Address:

HIALEAH, FL 33013 SOUTHWEST RANCHES, FL 33332 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMARILYS D GOMEZ PTD 04/30/2009