2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000091517 1. Entity Name HUMBERTO'S FLORIST AND BRIDALS OF P.B., INC										
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1775 S CON	rincipal Place of Business Mailing Address 775 S CONGRESS AVE 1775 S CONGRESS AVE EST PALM BEACH, FL 33406 WEST PALM BEACH, FL 3340				آیا		u w u11. F. Modonis			
2. Principal Place of Business 3. Mailing Address 3716 Mexil Ave										
Suite, Apt. #, etc. Suite, Apt. #, etc.						10122005	REIN-P	CR2E098 (6/0	04)	
Palm Stat	City & State West Palm	Palm Beach, FL.			4. FEI Numbe 83-037		-	Applied For Not Applicable		
Zip 331/0		33405	Count	try'			of Status Desired	Fee Req	Additional uired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									· · · · · · · · · · · · · · · · · · ·	
CISNEROS, ANA L 3716 MERRILL AVE WEST PALM BEACH, FL 33405					Street Address (P.O. Box Number is Not Acceptable)					
WEST FALM BEACH, TE 33403					···			50 7	'n	
				City					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-tham familiar with, and accept the obligations of registered agent.										
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
10.	OFFICERS AND	***************************************	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT		
TITLE NAME	D CISNEROS, ANA L	Delete	TITLE					Char	ige Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		40) <u>ဝဝန္ဝ</u> ဋ	58 <u>9</u> 574		
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CITY-ST-ZIP	WEST PALM BEACH, FL 33415		-	-ST-ZIP						
NAME	Delete TII				D Car	Tos Cis	16205	Char	ige X Addition	
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CITY-ST-ZIP	portify that the information and the last	this filing days and accept of		-ST-ZIP	#:= O	-110 07/01	\ F : -1 0· · ·	I formation and the second		
12. I hereby certify that the information supplied with this filling 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 cath; 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.										
SIGNATURE: MARCAS CIS NEROS 19/13/05 346-4333										
	OKONATO E AND PIEDO OR P	co name of Signific OfficeR	A. OHECT	~'1			Date /	Dayume Phor	~ ~	

October 13, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

> Re: Humberto's Florist and Bridals of P.B., Inc. P00300001517 Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2005 Annual Report. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

Ang/L. Cisneros