

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 18 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03172005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P03000137567</b> 1. Entity Name <b>PALACE OF THE FLOWER'S INC.</b>					
Principal Place of Business <b>PO BOX 350686</b> <b>MIAMI, FL 33135</b>			Mailing Address <b>PO BOX 350686</b> <b>MIAMI, FL 33135</b>		
2. Principal Place of Business <b>2340 SW 16 ST</b> Suite, Apt. #, etc.			3. Mailing Address <b>same</b> Suite, Apt. #, etc.		
City & State <b>Miami FL</b>			City & State Same		
Zip <b>33145</b>		Country <b>US</b>		4. FEI Number <b>43-2036011</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROQUE, ROSA</b> <b>450 NW 34 AVE</b> <b>MIAMI, FL 33125</b>				7. Name and Address of New Registered Agent Name <b>Rosa Roque</b> Street Address (P.O. Box Number is Not Acceptable) <b>2340 SW 16 ST</b> City <b>Miami FL 33145</b> Zip Code <b>FL</b>	
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. SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>ROQUE, ROSA</b> <b>450 NW 34 AVE</b> <b>MIAMI, FL 33125</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>Rosa Roque</b> <b>2340 SW 16 ST</b> <b>Miami FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800048983108 03/23/05--01014--011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					