

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000033343

1. Entity Name  
DIRIS FLOWERS, INC.



FILED

06 FEB -8 PM 4:24

SECRETARY OF STATE  
**REINSTATEMENT** 05-06



Principal Place of Business  
11201 SW 40 ST  
MIAMI, FL 33165

Mailing Address  
11721 SW 43 LANE  
MIAMI, FL 33165

2. Principal Place of Business

3. Mailing Address

10721 SW 43 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006

REIN-P

CR2E098 (11/05)

City & State

City & State

MIAMI, FL 33165

4. FEI Number

20-0760924

Applied For

Not Applicable

Zip

Country

Zip

33165

Country

DOE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, DIANEVIS E  
10721 SW 43 LANE  
MIAMI, FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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  
DP  
GOMEZ, DIANEVIS E  
10721 SW 43 LANE  
MIAMI, FL 33165 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800065565858  
02/10/06--01019--013 \*\*\*308.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
SANTIAGO, IRIS V  
10721 SW 43 LANE  
MIAMI, FL 33165 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/06 (305) 207-8494