PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 NOV 27 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000041379

REINSTATEMENT 05-07
CR2E081 (1/07)

1. Corporation Name
VIOLETA FLOWERS INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11484 SW 181 TERR	11484 SW 181ST TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33157 Country: DADE	Zip: 33157 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 3/5/2004

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MIRNA V. CAIAFFA
Street Address (P.O. Box Number is Not Acceptable): 11484 SW 181 TERR
Suite, Apt. #, etc.:
City: MIAMI State: FL Zip Code: 33157

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mirna V. Caiaffa (REGISTERED AGENT MUST SIGN) Date: 11-26-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MIRNA V CAIAFFA	11484 SW 181 ST TERR	MIAMI, FL 33157
VP	CARLOS CAIAFFA	11484 SW 181 TERR	MIAMI FL 33157

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11/27/07--01024--016 **1000.00
800126 1328
11/27/07--01024--017 **50.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: x MIRNA V. CAIAFFA 11-26-07 786 273 2765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mirna V. Caiaffa

Carlos E. Caiaffa 11-26-07