APPROVED AND FILED

07 JUN -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/08/07--01005--014 **458.75

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # P04000052462

1. Corporation Name: Fancy Flowers Wholesalers Corp.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3056 S. State Rd. 7	3056 S. State Rd 7
Suite, Apt #, etc.: #78	Suite, Apt. #, etc.: #78
City & State: Miramar	City & State: Miramar
Zip: 33023 Country:	Zip: 33023 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/25/04

5. FEI Number: 06-1721445 ☐ 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: JOYCE Samaroo
Street Address (P.O. Box Number is Not Acceptable): 3056 S. State 7
Suite, Apt. #, Etc.: #78
City: Miramar State: FL Zip Code: 33023
954-895-0506.

☑ 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 ______________________ Date ______________
REGISTERED AGENT MUST SIGN

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
President	JOYCE SAMAROO	1121 SW 88th Way	Pembroke Pines, FL 33025

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: June 4 '07

Daytime Phone #: Jewan 954-895-0506

Document corrected per Jewan Samaroo. DSC