

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO4000118797

1. Corporation Name

FLORES & GREENS IMPORT AND EXPORT, CORP.

2. Principal Office Address

3251 NW 7 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33125

Country

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/04

5. FEI Number

20-8340191

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**FILED**

07 FEB -5 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400088066514

02/13/07--01009--023 \*\*450.00

**REINSTATEMENT**

0507

CR2E081 (12/05)

28

**7. Name and Address of Current Registered Agent**

Name

Gregorio Lopez

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

560 NE 174 ST

Suite, Apt. #, Etc.

City

MIAMI

State  
**FL**

Zip Code

33162

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

[Signature]

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
P	Gregorio Lopez	560 NE 174 ST	MIAMI, FL 33162

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

01/26/07

Date

Daytime Phone #

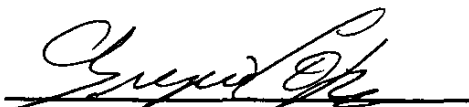
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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2007 or any other notice from the Division of Corporations in respect with the Corporation **FLORES & GREENS IMPORT AND EXPORT, CORP.**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read "Gerald P. [unclear]", written over a horizontal line.