PLEASE READ	ALL INS		- DEE	OPF (OMPLET	ING THIS FO	DRM.	
CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 10 JUN-1 AM 8: 23 **CRETARY OF STATE ADD 181142944 06/01/1001063001 **150.00 400181142944 05/20/1001028015 **450.00 REINSTATEMENT 02-10			
DOCUMENT # P05000035488 1. Corporation Name The Floral Holding Group Inc								
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1750 NW 96h Ave Po Box 572281 Suite, Apt. #, etc. Suite, Apt. #, etc.								
City & State Doral FL Zip Country	City & State Miami FL Zip Country 33152 USA				4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number 2 o 2 4 5 0 2 69 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Tuan Gonzalez Street Address (P.O. Box Number is Not Acceptable) 750 NW 96 Ave Suite, Apt. #, Etc. City Doral State Zip Code FL 33172				PROFIT CORPORATIONS ONLY The \$600.00 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 of Signature of Registered Agent REGISTERAD AGENT MUST SIGN					bligations of section 607,0505 or 617,0503, F.S. Date			
Names and Street Addresses of Each Officer and Name of	d/or Director (Florida nonpro		orations mu Street Addre	 _				
P Juan Gonzale			Officer and/			Doral	City / State /	33172
VP Tavares Milfor		1750 NW 964				Doral	h	33172
T William A Tin	ijaca 17.	<u>୭</u> ೪	NW	962	Ave	Doral	h	33172
			\$ 6					
10. E-mail Address: juan claudio Chydrapacina. com								
Certify that I am an officer or director or the refling this reinstatement application, the reason for fees owed by the corporation have been paid. I fur as if made under oath.	eceiver or trustee empowe dissolution has been elimina	ered to ated, the	execute the corporate	nis applicati name satisf	tion as provided fies the requireme	ents of section 607.04	01 or 617.0	401, F.S., that all

SIGNATURE:

20<u>0</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/10

Date

9545471582

Daytime Phone #