PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN -1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400181142944
06/01/10--01063--001 **150.00

400181142944
05/20/10--01028--015 **450.00

REINSTATEMENT 07-10

CR2E081 (4/10)

DOCUMENT # P05000035488

1. Corporation Name

The Floral Holding Group Inc

~~WK 24931~~

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1750 NW 96th Ave	Po Box 522281
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Doral FL	City & State: Miami FL
Zip: 33172 Country: USA	Zip: 33152 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/2005

5. FEI Number: 202450269 ☐ 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: Juan Gonzalez

Street Address (P.O. Box Number is Not Acceptable): 1750 NW 96th Ave

Suite, Apt. #, Etc.:

City: Doral State: FL Zip Code: 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Juan Gonzalez Date: 5/17/10
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	Juan Gonzalez	1750 NW 96th Ave	Doral FL 33172
VP	Tavares Milfort	1750 NW 96th Ave	Doral FL 33172
T	William A Tinjaca	1750 NW 96th Ave	Doral FL 33172
		$ 6/2	

10. **E-mail Address:** juanclaudio@hydrapacinc.com
(To be used for future annual report notification)

11. 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. I further certify, 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: Juan Gonzalez 5/17/10 9545471582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #