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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 05000042897

1. Corporation Name

THE FINISHING TOUCH FLOWERS & MORE, INC.

000080927360
10/17/06--01041--022 **150.00

CR2E081 (12/05)

REINSTATEMENT 06

2. Principal Office Address	**3.** Mailing Office Address
2740 CHICKASAW TRAIL	2740 CHICKASAW TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32829-8550 Country: USA	Zip: 32829-8550 Country: usa USA

4. Date Incorporated or Qualified To Do Business in Florida: 07-05-2005

5. FEI Number: 20-2534970 ☐ 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: CARMEN P. ALONSO

Street Address (P.O. Box Number is Not Acceptable): 2740 CHICKASAW TRAIL

Suite, Apt. #, Etc.:

City: ORLANDO, State: FL Zip Code: 32829-8550

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: X. _____ Date: 10/09/06

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	CARMEN P. ALONSO	1909 GAMBOGE DR.	ORLANDO, FL32822-8348

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 _____ CARMEN P. ALONSO 10/09/06 407-277-7955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/23

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THE FINISHING TOUCH FLOWERS & MORE, INC.
2740 CHICKASAW TRAIL
ORLANDO, FL 32829-8550

P05000042897

10/09/06

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: NOTICE OF DISSOLUTION

THIS IS TO NOTIFY THE DIVISION OF CORPORATIONS, THAT I CARMEN P. ALONSO NEVER REQUESTED THAT MY CORPORATION AFOREMENTIONED STATED BE DISOLVED. WHAT HAPPEN TO THE POSTCARD THAT I SHOULD RECEIVED BEFORE MAY 1ST OF EVERY YEAR, I NEVER RECEIVED IT, SHOULD I HAD, THE U.B.R. WOULD HAVE BEEN IN THE DIVISION OF CORP. TODAY. AT THIS TIME, I'M ASKING YOUR DEPARTMENT FOR A WAIVER OF THE PENALTY. ENCLOSED PLEASE FIND THE CORPORATION REINSTATEMENT FORM AND THE $150.00 UBR ORIGINAL FEE.

YOUR COOPERATION REGARDING THIS MATTER IS GREATLY APPRECIATED.

YOURS TRULY,

CARMEN P. ALONSO
407-277-7955
AGENT 407-737-7717