PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 SEP -3 PM 12:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000152131

1. Corporation Name
WATER MILL FLOWERS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1280 NE 24TH ST	SAME
Suite, Apt. #, etc # 2108	Suite, Apt. # etc
City & State WILTON MANORS, FL	City & State
Zip / Country 33305 / USA	Zip / Country

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/2006

5. FEI Number: 20-8042247 ☐ 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: THOMAS DOWD

Street Address (P.O. Box Number is Not Acceptable):
1280 NE 24TH ST

Suite, Apt. #, Etc:
2108

City: WILTON MANORS | State: FL | Zip Code: 33305

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09/03/20--01104--018 **1.90.00

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: /S/ THOMAS DOWD Date: 09/03/2020

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	THOMAS DOWD	1280 NE 24TH ST	WILTON MANORS, FL 33305
COO	CESAR RIVERA	1280 NE 24TH ST	WILTON MANORS, FL 33305
	REINSTATEMENT		SEP 03 2020
			R. HUNT

10. E-mail Address: thomas.dowd@me.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: /S/ THOMAS DOWD THOMAS DOWD 09/03/2020 (954) 734-5710

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