

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

09 MAY -1 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000106329

1. Corporation Name

COSTA TROPICALS & FLOWERS INC.

900155017129  
05/01/09--01016--005 \*\*750.00

**REINSTATEMENT** (12/08) 09

2. Principal Office Address - No P.O. Box # 5563 NW 72 AVE		3. Mailing Office Address 5563 NW 72 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33166	Country DADE	Zip 33166	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida	SEPTEMBER 25, 2007
5. FEI Number 26-1165767	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

Suite, Apt. #, Etc.

City  
TALLAHASE

State  
FL

Zip Code  
32301

The 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 Doreen F. Wallace Date 04/17/09

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
D	OLGA L. URIBE	12300 SW 104 TERRACE	MIAMI, FL 33186
D	DANIEL URIBE	12300 SW 104 TERRACE	MIAMI, FL 33186
D	MAURICIO URIBE	12300 SW 104 TERRACE	MIAMI, FL 33176

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] OLGA L URIBE Date \_\_\_\_\_ Daytime Phone # 305-883-7781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20