1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 29 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007066

1. Corporation Name

MIAMI FLOWER IMPORTERS CREDIT ASSOCIATION, INC.

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
3442 SE LAKE WEIR AVE	3442 SE LAKE WEIR AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FLORIDA	City & State: OCALA, FLORIDA
Zip: 34471 Country: USA	Zip: 34471 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0383562 ☐ 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: RICHARD A SPAHN

Street Address (P.O. Box Number is Not Acceptable): 3442 SE LAKE WEIR AVE

Suite, Apt. #, Etc.:

City: OCALA State: FL Zip Code: 34471

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 _____ Date 12/26/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Director Pres	RICHARD A SPAHN	12700 SW 112th ST Rd	Dunnellon,Fl. 34432
Sec	ANY HERNANDEZ	1800 NW 89th Place	MIAMI , FL. 33172
TREAS	MARIELA VARELA	9800 NW 17th STREET	MIAMI, FL 33172

400043698294
12/29/04--01025--025 **450.00

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 under section 119.07(3)(i), 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: RICHARD A SPAHN PRESIDENT AND DIRECTOR 12/26/2004 352-732-2104

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

2052

'ALL FLORIDA BOOKKEEPING SERVICES, INC.
BEE'S INCOME TAX SERVICE

Professional Building
6752 Pines Blvd.
Pembroke Pines, Florida 33024
Broward: (954) 965-4450
Fax: (954) 965-4945

Professional Building
3442 S.E. Lake Weir Ave
Ocala, Florida 34471
Tele: (352) 732-2104
Tele: (352) 351-1216
Fax: (352) 671-5373

DECEMBER 26, 2004

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEAR MADAM/SIR:

RE: MIAMI FLOWER CREDIT ASSOCIATION, INC.
DOC # P 93000007066

I AM HEREBY ENCLOSING A CORPORATION REINSTATEMENT FORM APPLICATION FOR THE ABOVE NAMED CORPORATION.

DURING THE YEAR OF 2002, THERE HAS BEEN A MOVE MADE BY THE CORPORATE OFFICE FROM 1601 PALM AVE #208, PEMBROKE PINES, FLORIDA, 33026, to 3442 SE LAKE WEIR AVE.,OCALA, FLORIDA 34471.

SINCE THE DATE OF THAT MOVE 06-30-2002, THERE HAS BEEN NO FURTHER COMMUNICATION RECEIVED FROM THE DEPARTMENT OF STATE OFFICE REGARDING THE ANNUAL REPORT FOR THIS CORPORATION. OUR OFFICE STAFF WAS NOT ALERT ENOUGH TO PICK UP ON THIS AND AS A RESULT THE CORPORATION IS DELINQUESNT FOR THE YEARS 2002, 2003 & 2004.

THIS CONDITION WAS DISCOVERED WHEN AN OFFICER OF THIS CORPORATION WAS AT THE BANK TO CHANGE THE AUTHORIZED CHECK SIGNERS OF THE CORPORATION AND FOUND THAT THECCORPORATION WAS DISOLVED BY PROCLAMATION.

I RESPECTFULLY REQUEST AN ABATEMENT OF THE REINSTATEMENT FEE OF $600. AND ACCEPT THE ENCLOSED CHECK FOR $450. representing THE NORMAL $150. FEE FOR THE YEARS 2002,2003 & 2003.

SINCERELY,