

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

97 FEB 28 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000012047**

1. Corporation Name

Flowers R Us, Inc.

Principal Place of Business

Mailing Address

**10972 S.W. 4th St., #3
MIAMI, FL 33174**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

8536 SW 107th Ave.

Suite # C4

MIAMI FL

33173

USA

4. Date Incorporated or Qualified To Do Business in Florida

JANUARY 1997

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Treas.	Jorge M. Sanchez TREASURER	10972 SW 4th St.	MIAMI, FL 33174
PD	MARTHA SANCHEZ	Same	

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-03/04/97--01037--004
***1080.00 ***1080.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARTHA SANCHEZ
10972 SW 4th St.
MIAMI, FL 33174**

Name

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

Suite, Apt. Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

MARTHA SANCHEZ
REGISTERED AGENT MUST SIGN

Date **2-25-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

MARTHA SANCHEZ - MARTHA SANCHEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97 (305)595-7070
Date Daytime Phone #

CR2E040 (12/96)