

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC 30 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000022579
1. Corporation Name
Fresh cut flowers inc.

2. Principal Office Address - No P.O. Box #
45 Ne 26th STREET
Suite, Apt. #, etc.

3. Mailing Office Address
45 Ne 26th STREET
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State
Miami FL

City & State
Miami FL

4. Date Incorporated or Qualified
To Do Business in Florida
05/01/1995

5. FEI Number
650486784
Applied For
Not Applicable

Zip Country
33137 U.S.A

Zip Country
33137 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ralph Gross
Street Address (P.O. Box Number is Not Acceptable)
45 Ne 26th Street
Suite, Apt. #, Etc.

City State Zip Code
Miami FL 33137

08-14
300267848733
12/30/14--01032--003 **1650.00 ✓

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 [Signature] Date 12/29/14
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
<u>Mr</u>	<u>Ralph Gross</u>	<u>45 Ne 26th St</u>	<u>Miami FL 33137</u>
			<u>JAN -2 2015</u>
			<u>L. SELLERS</u>
REINSTATEMENT			<u>2008 - 2014</u>

10. E-mail Address: Raffi@petalproductions.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: [Signature] Date 12/29/14 Daytime Phone # 305-571-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR