

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT.



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

APPROVED
AND
FILED

1996 NOV -6 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000041512**

1. Corporation Name

DELLA'S FLOWERS, INC.

Principal Place of Business

Mailing Address

1378 CORAL WAY
4TH FLOOR
MIAMI FL 33145

1378 CORAL WAY
4TH FLOOR
MIAMI FL 33145

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

2. New Principal Office Address, If Applicable

3296 Palm Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3296 Palm Avenue

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33012

Country

City & State

Hialeah, Florida

Zip

33012

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1995

5. FEI Number

65-0373342

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALBERTO, MARIA	3296 PALM AVE	HALEAH FL 33012

8. Name and Address of Current Registered Agent

OROZCO, OSVALDO R
1378 CORAL WAY
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name **Alberto, Maria**

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

3296 Palm Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-2-96

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-96
Date

887-5605
Daytime Phone #