

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 21 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061330

1. Corporation Name

INTERNATIONAL FLOWER
SUPPLIES, INC. W-19612

2. Principal Office Address

2825 N. UNIVERSITY DR.

3. Mailing Office Address

2825 N. UNIVERSITY DR.

Suite, Apt. #, etc.

#410

Suite, Apt. #, etc.

#410

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

REINSTATEMENT 08-00

4. Date Incorporated or Qualified
To Do Business in Florida

8-8-95

SP

5. FEI Number

65-0601298

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

GUILLERMO LEON RODRIGUEZ

100003379971-8

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

5222 NW 92 LANE

09/01/00-01028-02

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

C. L. Rodriguez

REGISTERED AGENT MUST SIGN

Date 7-25-00

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	Guillermo Rodriguez	5222 NW 92 LANE	CORAL SPRINGS, FL 33061

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:

C. L. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00

Date

Daytime Phone #