

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06 PSC
CR2E081 (12/05)

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 96000043081

1. Corporation Name
Miami Shoes Flower & Gift Shop, Inc.

2. Principal Office Address
10700 NE 6 Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 22341
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Hialeah, Florida

Zip Country
33161 USA

Zip Country
33002-2341 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0676307

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PAPPAS, MARK

Street Address (P.O. Box Number is Not Acceptable)
10700 NE 6 AVENUE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33161

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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 8/25/06

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
Pres VICE-PRES TREAS Secretary	MARK PAPPAS	10700 NE 6 AVENUE MIAMI, FL 33161	MIAMI, Florida 33161

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 contained in Chapter 119, 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: MARK PAPPAS 8/25/06 (305) 954-1041

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

8/25/06

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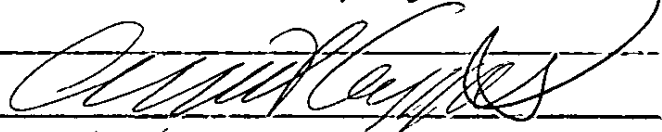
DIVISION of CORPORATIONS - Annual Reports
Department of Re-instatement
P.O. Box 6327
Tallahassee, FL 32314

DEAR Dept of Reinstatement,

I was recently told by my accountant to call your office. I'm very sorry, but I never received the mailing for the Profit Corp Annual Report 2004. I called your office and was briefed why I never received subsequent years 2005 and 2006. Marquita advised me to get the attached form via the internet → Fill it out → with this letter → and payment of \$450.00

Again, I'm sorry. I should have followed up even without the mailing. Please reinstate the account and don't hesitate to call me if you have any questions. (305) 754-1041. Thank You.

With Sincere Apologies,



MARK PAPPAS

Acct # P96000043081