




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY 22 PM 12:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P96000080500			
1. Corporation Name MASTERPIECE FLORAL GALLERY, INC.			
2. Principal Office Address 4024 S CONWAY ROAD <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address P.O. BOX 593270 <small>Suite, Apt. #, etc.</small>	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32812	Country USA	Zip 32859	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 09/26/1996	
		5. FEI Number 59 3404143	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name JOSEPH SHARLEY			
Street Address (P.O. Box Number is Not Acceptable) 2610 NELA AVE			
Suite, Apt. #, Etc. 900075548029 05/31/06--01015--017 **1958.75			
City ORLANDO		State FL	Zip Code 32809
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 5-14-6	
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
P	JOSEPH SHARLEY	2610 NELA AVE	ORLANDO, FL 32809
		075126	
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: 		JOSEPH SHARLEY	5-14-6
<small>SIGNATURE AND TYPED NAME OF SIGNED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small> 407 493 5415