PLEASE READ ALL IN	ISTRUCTIONS	BEFORE C	OMPLET	ING THIS FO	DRM.	
	RIDA DEPARTME Sandra B. Mo Secretary of S	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROM AND FILE	VED ()	
DOCUMENT # P96000094406 (1) 1. Corporation Name FLORI. DIA ENTERPRISES INC.			98 MAR 18 AM 10: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing If above addresses are incorrect in any way, line through incorrection and the state of the state	Address rect information and enter	correction below.				
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable SAME			4. Date Incorporated or Qualified To Do Business in Florida 11/19 196			
Suite, Apt. #, etc. Suite, A City & State Congression City & State Co	pt. #, etc.		5. FEI Number Applied For Applied For			
21933154 Country 1/5 A Zip	Countr	'y	6.	OF STATUS DESIRED	\$9.75 A.J.id.	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s) Name of Officers and/or Directors 2	Of 3 (Do NOT U					
D' CELESTE DE ARMAS	SURFSIDE, FL 33154 SURFSIDE, FL 33154					
		400002467114 -03/24/3801097022 ****908.75 ****908.7 REINSTATEMENT 97-98			5714-7 98-01097-022 3.75 ****908.75	
					a. alaw	
					3/18/98	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
RICE, AURTHUR H. ESQ	Street Address (P.O. Box Number is Not Acceptable)					
RICE ! ROBINSON P.A. 840 BRICKELL AVE, SV	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
MIAMI, FL 33/3/	City SURF	510E		State Zip Code 154		
10. I, being appointed the registered agent of the above named corporation, any familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 3-11-98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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: 3-/3-97-305-86/-5504						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytomo Phone #						