

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000011155

1. Corporation Name

RELIANT EXOTIC FLOWERS, INC.

Principal Place of Business

850 N. SHORE DR.
MIAMI BEACH FL 33141

Mailing Address

850 N. SHORE DR.
MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

7371 NW 35th ST

City & State

MIAMI FL

Zip

33122

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

PO BOX 523613

City & State

MIAMI FL

Zip

33152

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1997

5. FEI Number

65-0725141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	PICARDAT, DALE L JR.	850 N. SHORE DR.	MIAMI BEACH FL 33141
P	KEVIN WENTWORTH EUGENE THYSSE	209 CORLETT DR	BRAMLEY South AFRICA 2090
V.R	Michael PETER BROWN	209 Corlett DR	BRAMLEY South AFRICA 2090
VP/T	Sandra ABREUS-GONZALEZ	214 SW 102 CT	MIAMI FL 33174
S	Dale L. PICARDAT, JR	850 N. SHORE DR.	MIAMI Beach, FL 33141

8. Name and Address of Current Registered Agent

PICARDAT, DALE L JR.
850 N. SHORE DR.
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002695160-8

-11/24/98-0103

***758.75 ***758.75

State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 11/12/98

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE L. PICARDAT, JR.

11/12/98 305 470-2800
Date Daytime Phone #

CR2E040 (09/98)