

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

03 MAY - 1 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000030792

1. Corporation Name

MELBA'S FLOWERS & BRIDALS, INC.

2. Principal Office Address

2128 SW 67 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2128 SW 67 AVENUE

Suite, Apt. #, etc.

City & State

Miami, FLA.

Zip

33155

DADE

City & State

Miami, FL.

Zip

33155

Country

DADE

7. Name and Address of Current Registered Agent

Name

LANDYS R. POWELL

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

2128 SW 67 AVENUE

Suite, Apt. #, Etc.

City

Miami

0000018967520

05/15/03-01003-026 *1058.75

State

Zip Code

FL

33155

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

Landys R. Powell

Date 4-30-03

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.	LANDYS R. POWELL	6462 SW 26 STREET	Miami, FL 33155
D	MELBA L. PEREZ	2128 SW 67 AVENUE	Miami, FL 33155

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:

Landys R. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 (305)221-3150
Date Daytime Phone #