


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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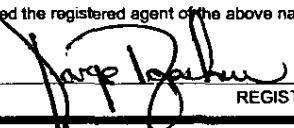
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|--------------------------|--|--------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000048052 | | | |
| 1. Corporation Name DREAM FLOWERS CORP. | | | |
| 2. Principal Office Address 8005 NW 29 ST Suite, Apt. #, etc. | | 3. Mailing Office Address P.O. Box 523502 Suite, Apt. #, etc. | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | |
| Zip 33122 | Country U.S.A. | Zip 33152 | Country U.S.A. |

| | |
|---|--------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 05-30-1997 | |
| 5. FEI Number 65-0761116 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|---|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name JORGE DESHON | | |
| Street Address (P.O. Box Number is Not Acceptable) 8005 NW 29 ST. | | |
| Suite, Apt. #, Etc. | | |
| City MIAMI | State FL | Zip Code 33122 |

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** 03-17-03

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 |
|--------|-------------------------------------|---|--------------------|
| PTD | FABREGA, ROBERTO | AVENIDA AMAZONAS, EDIFICIO BANCO AMAZONAS, 4th FL. No. 708 QUITO, ECUADOR | QUITO, ECUADOR |
| SVD | TOBAR DE FABREGA, MARIA DEL ROSARIO | AVENIDA AMAZONAS, EDIFICIO BANCO AMAZONAS, 4th FL. No. 708 | QUITO, ECUADOR |
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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:  **ROBERTO FABREGA** **Date** 03-17-03 **Daytime Phone #** 305-629-8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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