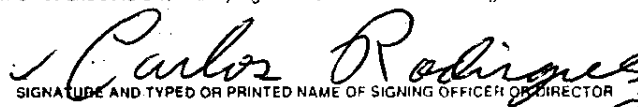


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 JAN 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000079148			
1. Corporation Name Tropical Florists, Inc.			
2. Principal Office Address 9690 N.W. 24th Street Suite, Apt. #, etc.		3. Mailing Office Address 50 Paul Street Suite, Apt. #, etc.	
City & State Sunrise, Florida		City & State Fords, New Jersey	
Zip 33322	Country US	Zip 08863	Country US
4. Date Incorporated or Qualified To Do Business in Florida 9/8/1997		5. FEI Number ☒ Applied F-1 ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Joe Qules			
Street Address (P.O. Box Number is Not Acceptable) 9690 N.W. 24th Street			
Suite, Apt. #, Etc.			
City Sunrise		State FL	Zip Code 33322
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 1/9/2001	
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/D	Carlos Rodriguez	50 Paul Street	Fords, New Jersey 08863
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)(a), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 11-3-00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			