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	**3.** Mailing Office Address
9690 N.W. 24th Street	50 Paul Street
Suite, Apt. #, etc.	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: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional for a Certificate

98-00

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.:

REINSTATEMENT

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: _____ REGISTERED AGENT MUST SIGN Date 1/9/2001

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

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***1200.00 ***1200.00

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 with the filing of 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: Carlos Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-3-00 Daytime Phone #