

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 NOV -8 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000004678**

1. Corporation Name

**GOLMAN FLOWER SERVICES, INC.**

Principal Place of Business

2912 NW 72ND AVENUE  
MIAMI FL 33122  
US

Mailing Address

2912 NW 72ND AVENUE  
MIAMI FL 33122  
US

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

2. New Principal Office Address, If Applicable

**2916 NW 72 Avenue**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33122**

Country

**U.S.A.**

3. New Mailing Office Address, If Applicable

**2916 N.W. 72 Ave**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33122**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/15/1998**

5. FEI Number

**65-0806210**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	BUITRAGO, MAURICIO	11451 N.W. 51ST LANE	MIAMI FL 33178

600003487736--9  
-12/05/00--01072--001  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

**BUITRAGO, MAURICIO  
11451 N.W. 51ST LANE  
MIAMI FL 33178**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10-19-00**

11. 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 REQUIRED MAURICIO BUITRAGO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-19-00 (305) 717-0006**