

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01-02 UBR

FILED

02 FEB -5 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000032747

1. Corporation Name

BQ. Flower Wholesaler Corp.

2. Principal Office Address

1597 S.W. 143 Place
Suite, Apt. #, etc.

3. Mailing Office Address

2418 N.W. 94th Ave
Suite, Apt. #, etc.

City & State

Miami - Fl.

City & State

Miami - Fl.

Zip

33184

Country

U.S.A.

Zip

33172

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-09-98

5. FEI Number

67-0828471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Quintana Noel

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

1597 S.W. 143rd Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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/S/T.	Quintana Noel	1597 S.W. 143 rd Place	Miami - Fl. 33184

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noel Quintana 01-26-01 305-599-8822

Date

Daytime Phone #

CR2E081 (9/01)