

REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 12:32

DOCUMENT # P98000062114

1. Corporation Name

DESTINY FLOWERS, INC.

Principal Place of Business

Mailing Address

1401 NW 78 AVE
STE 201
MIAMI FL 33126

1401 NW 78 AVE
STE 201
MIAMI FL 33126



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0856688

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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
D	FISHMAN, JACOB	1455 N.W. 14TH STREET	MIAMI FL 33125
PD	HUG, KATHLEEN A	6911 NW 41ST ST.	MIAMI FL 33166

800065844558-6
-03/06/02--01005--018
****300.00 ****300.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHMAN, JACOB
1385 NW 155 ST
MIAMI FL 35125

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

[Handwritten signature: Kathleen A. Hug] (Jacob fishman) 2/4/02

Date

Oct 22 2001

REGISTERED AGENT MUST SIGN

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:

[Handwritten signature: Kathleen A. Hug] KATHLEEN A. HUG Oct 22 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 392 6228

Daytime Phone #