

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 30 PM 2:33

DOCUMENT # 998000078227

1. Corporation Name

White Tulip Florist Corp

2. Principal Office Address - No P.O. Box #

331 W 41 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

Zip

Country

33140

USA

Zip

Country

300189098353

12/29/10--01033--011 **900.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

650864083

☐ 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

ERSUN YERGIN

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

331 W 41 ST.

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

FILING CANCELLED
RETURNED CHECK

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 12/27/10

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
Pres	ERSUN YERGIN	331 W 41 ST.	MIAMI BEACH 33140
			S. HAWKES
			DEC 30 2010
			EXAMINER

10. E-mail Address: WHITETULIPMIAMI@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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

12/27/10

Date

Daytime Phone #

305-672-9444

12/30/10