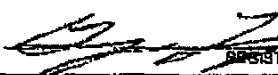
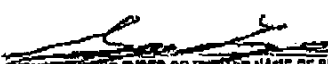


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: **FILED**

08 NOV 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (10/08)	
DOCUMENT # p99000012808					
1. Corporation Name Pekin Flowers by Lizcano, Inc.					
2. Principal Office Address - No P.O. Box # 3019 NW 7 Street Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State Miami FL			City & State		
Zip 33125	Country Dade	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0892322				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: George Lizcano Street Address (P.O. Box Number is Not Acceptable): 3019 NW 7 Street Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33125					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0401, F.S. Signature of Registered Agent:  Date: _____ REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PRES	George Lizcano	3019 NW 7 Street	Miami FL 33125		
REINSTATEMENT					
RH					
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 contained in Chapter 119, 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: 			11/12/08 President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:

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Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

PEKIN FLOWERS BY LIZCANO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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RH

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