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 #		3. Mailing Office Address	
3019 NW 7 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami Fl			
Zip	Country	Zip	Country
33125	Dade		

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0892322 ☐ 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
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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ (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
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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Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

PEKIN FLOWERS BY LIZCANO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

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