

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2:12

DOCUMENT # **548548**

1. Corporation Name

ANTHURIUMS INC.

700004657757--6  
-10/29/01--01080--003  
\*\*\*\*908.75 \*\*\*\*908.75

2. Principal Office Address  
17325 NW 27th AVE.

3. Mailing Office Address  
9431 ASHLEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FLORIDA

City & State  
MIRAMAR FLORIDA

Zip Country  
33056 USA

Zip Country  
33025 USA

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/91

SP

5. FEI Number  
6502622350

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

JOHN PEAT

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

9431 ASHLEY DR.

Suite, Apt. #, Etc.

City  
MIRAMAR

State Zip Code  
FL 33025

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

REGISTERED AGENT MUST SIGN

Date 10/25/01

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
DPST	JOHN PEAT	9431 ASHLEY DR	MIRAMAR FL. 33025

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:

JOHN PEAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01

Daytime Phone #

305-622-9004

CR2E081 (3/00)