
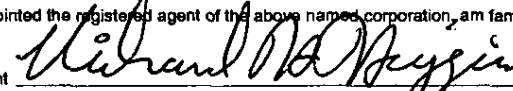
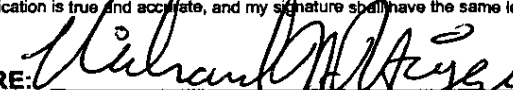


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 11 PM 4:00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: right;">02 JAN 11 PM 4:00</div>	
DOCUMENT # V29509					
1. Corporation Name SOUTH FLORIDA ORNAMENTALS & PLANTS, INC.					
2. Principal Office Address 21900 SW 134 AVENUE.		3. Mailing Office Address 21900 SW 134 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA			
Zip 33170	Country U.S.A.	Zip 33170	Country U.S.A.		
		4. Date Incorporated or Qualified To Do Business in Florida 64 10 1992		REINSTATEMENT 98-02	
		5. FEI Number 650322511		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name RICHARD HIGGINS					
Street Address (P.O. Box Number is Not Acceptable) 21900 SW 134 AVENUE					
Suite, Apt. #, Etc.					
City MIAMI		State FL	Zip Code 33170		
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 		Date 1/5/02			
REGISTERED AGENT MUST SIGN					
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	
P	RICHARD HIGGINS	21900 SW 134 AVE.		MIAMI FLORIDA 33170	
AD					
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: 		1/5/02 305258.3625			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	