

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

FEB -9 PM 2:07

STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **V33555**

1. Corporation Name

LOS ALAMOS WHOLESALE FLOWERS INC.

Principal Place of Business

8204 NW 70TH STREET
MIAMI FL 33166
US

Mailing Address

8204 NW 70TH STREET
MIAMI FL 33166
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/01/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0344533

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	HERNANDEZ, MIRIAM	221-2 N.W. 109TH AVE.	MIAMI FL
DPS	LUCIO, JUAN	14235 SW 62ST	MIAMI FL
VP	ALBERTO DEL CORRAL	145 W McINTIRE	Key Biscayne FL 33149

REINSTATEMENT

8. Name and Address of Current Registered Agent

HERNANDEZ, MIRIAM
221-2 N.W. 109TH AVE.
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

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

800002772558-1

Suite, Apt. #, Etc

-02711799-01032-004

City

****900.00

State

FL

Zip Code

****300.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Miriam Hernandez

REGISTERED AGENT MUST SIGN

Date 1/13/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Lucio, Pres 1/7/99

Date

Daytime Phone #