

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1998 FEB -2 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V56434

1. Corporation Name
FLORA FLORA, INC.

Principal Place of Business
**1520 LENOX AVE
MIAMI BEACH FL 33139**

Mailing Address
**1520 LENOX AVE
MIAMI BEACH FL 33139**

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	
				08/05/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				65-0373518	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	EMMERLING, ROBERT	1520 LENOX AVE	MIAMI BEACH FL
D	EMMERLING, ROBERT	1520 LENOX AVE	MIAMI BEACH FL

4000002424274-1
-02/06/98--01128--011
****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**EMMERLING, ROBERT
1520 LENOX AVE
MIAMI BEACH FL 33139**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 1/28/98

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

[Signature] **ROBERT EMMERLING** 2/28/98 6725075

Date

Daytime Phone #

CR2040 (8/97)