

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 AMENDMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09832

1. Corporation Name

FLAMENCO CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

1055 W 77 Street

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33014

Country

DADE

3. Mailing Office Address

4445 W 16 Ave

Suite, Apt. #, etc.

308

City & State

HIALEAH, FL

Zip

33012

Country

DADE

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2539920

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

BACALLAO, ORLANDO

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

3237 W 77 P1

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33018

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

Orlando Bacallao

REGISTERED AGENT MUST SIGN

Date 8-28-07

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	BACALLAO, ORLANDO	3237 W 77 P1	HIALEAH, FL 33018
VP	FABELO, ROLAYME	1055 W 77th St # 105	HIALEAH, FL 33014
T	CONTRERAS, OSCAR	1055 W 77th St # 304	

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:

Orlando Bacallao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-07

Date

305-823-1201

Daytime Phone #