

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N93000004540

1. Corporation Name
FLAMINGO GARDENS ESTATES HOMEOWNER'S ASSOCIATION, INC.

W97-15552

FILED
 97 JUL 14 AM 9:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

16739 SW 84th Court
Miami, FL 33157

Same

REINSTATEMENT 94-97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida	
October 6, 1993	
5. FEI Number	Applied For
65-0445278	Not Applicable
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)

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
P/D	Martin S. Molina	16739 SW 84 Court	Miami, FL 33157
VP/D	Roberto Rojas	16739 SW 84 Court	Miami, FL 33157
S/T/D	Carmen Molina	16739 SW 84 Court	Miami, FL 33157
			8000002239350--0 -07/16/97--01103--006 ****420.00 ****420.00

8. Name and Address of Current Registered Agent

Robert M. McClaskey, Jr.
 1550 Madruga Avenue, Suite #120
 Coral Gables, FL 33146

Signature of Registered Agent: *Robert M. McClaskey Jr.*
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

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

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.
 Date: *6/25/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 in Section 607.0505, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated and the 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: *Robert M. McClaskey Jr.* 6/27/97 305-661-4600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22540 (12/96)