FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 17 PM 3:33

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095706

1. Corporation Name
FLAMIN' SADDLES I INC

200069063802
03/30/06--01062--005 **1800.00

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1099 SW 2ND ST.	1099 SW 2ND ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33486 Country: USA	Zip: 33486 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/07/1997

5. FEI Number: 650792577 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kurt Barreto

Street Address (P.O. Box Not Acceptable): 1099 SW 2ND ST.

Suite, Apt. #, Etc.

City: Boca Raton State: FL Zip Code: 33486

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: [signature] Date: 3/14/06
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
Dir	Kurt Barreto	1099 SW 2ND ST.	Boca Raton FL 33486
Pres	Kurt Barreto	1099 SW 2ND ST.	Boca Raton FL 33486

REINSTATEMENT opt

10. I certify that I am an officer or director of 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 contained in Chapter 119, F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 3-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Resigned

TOTAL P.02

M. Williams MAR 17 2006