

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

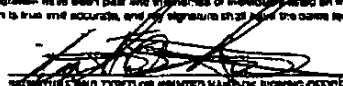
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 997 000095106 1. Corporation Name FLAMIN' SADDLES I INC			
2. Principal Office Address 1099 SW 2ND ST. Suite, Apt. 8, etc.		3. Mailing Office Address 1099 SW 2ND ST. Suite, Apt. 8, etc.	
4. City & State Boca Raton, FL		5. Date Incorporated or Qualified To Do Business in Florida 11/07/1997	
6. City & State Boca Raton, FL		7. Filing Number 650792577	
8. Zip 33486		9. Country USA	
10. State FL		11. Zip 33486	
12. CERTIFICATE OF STATUS DESKTOP ☐			
13. Name and Address of Current Registered Agent Kurt Barreto 1099 SW 2ND ST. Suite, Apt. 8, Etc. Boca Raton			
14. State FL			
15. Zip 33486			
16. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0300 or 617.0300, F.S. Signature of Registered Agent  Date 3/14/06 REGISTERED AGENT MUST SIGN			
17. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer 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			
18. I certify that I am an officer or director of the receiver or trustee empowered to execute the 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 corrected, 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 140, 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:  Date 3-14-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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Resigned
