

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 375021

1. Corporation Name

FLAMINGO ELECTRONICS, INC.

REINSTATEMENT 2002



700009439477  
12/10/02--01074--017 \*\*750.00

Principal Place of Business

Mailing Address

1050 CHARLOTTE AVE  
WEST PALM BEACH FL 33401

1050 CHARLOTTE AVE  
WEST PALM BEACH FL 33401

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

01/06/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1313856

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	City / State / Zip
PV	STROUPE, JAMES L.	8736 STEEPLECHASE DR.	P.B. GARDENS FL
ST	STROUPE, MARGARET F.	8736 STEEPLECHASE DR.	P.B. GARDENS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURNS, JOHN  
1400 CENTRE PARK BLVD.  
STE. #860  
WEST PALM BEACH FL 33401

Name MARGARET STROUPE  
Street Address (P.O. Box Number is Not Acceptable) 8736 STEEPLECHASE DR.  
Suite, Apt. #, Etc.  
PALM BEACH GARDENS State FL Zip Code 33418

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-20-02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-02

561-626-4707

Date

Daytime Phone #

CR2E040 (9/02)