

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 23 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 539738

1. Corporation Name

Flagler Surplus, Inc.

1798 West Flagler Street
Miami, Florida 33135

2. Principal Office Address

1798 West Flagler Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33135

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 07/01/1977

5. FEI Number

59-1751619

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

Nate Schulberg

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

1798 West Flagler Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

600043220816
12/06/04--01069--011 ***300.10

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

X

REGISTERED AGENT MUST SIGN

Date 11-22-04

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
Pres.	Marc Schulberg	1798 W. Flagler Street	Miami, Florida, 33135
Pres.	Nate Schulberg	1798 W. Flagler Street	Miami, Florida, 33135

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-04

Date

305-642-3436

Daytime Phone #

CR2E081 (01/04)

242

FILED

*Flagler Surplus, Inc.
1798 West Flagler Street
Miami, Florida 33135*

04 NOV 23 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 22, 2004

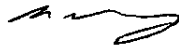
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Flagler Surplus, Inc.

Dear Sir or Madam:

Enclosed please find the Reinstatement for the referenced corporation. Please waive the reinstate penalty as I did not receive the annual report notice. I am also enclosing herewith a check in the amount of \$300.00 representing the amount due for this reinstatement.

Very truly yours,



NATE SCHULBERG, President

NS/bps
Enclosures

Charter Number Only

VALIDATION ONLY

Samuel Spencer Blum

Requestor's Name

21066 Tigetail Ave. #106

Address

Coconut Grove, FL 33133

City

State

ZIP

Phone

305.854.1885

CORPORATION(S) NAME

Flagler Surplus, Inc.

RECEIVED
01 NOV 23 AM 9:43
DEPT. OF STATE
DIVISION OF CORPORATIONS
TAILHAUSSEE, FLORIDA

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028