

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
13 AUG -8 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 539738

1. Corporation Name
Flagler Army Navy

2. Principal Office Address - No P.O. Box # <u>1798 W. Flagler st</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1798 W Flagler st</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL 33135</u>		City & State <u>Miami, FL 33135</u>	
Zip <u>33135</u>	Country <u>U.S.</u>	Zip <u>33135</u>	Country <u>U.S.</u>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
11-24-2004

5. FEI Number
591751619

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Nate Schulberg

Street Address (P.O. Box Number is Not Acceptable)
1280 Stillwater Drive

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33141

800250568158
08/08/13--01031--011 **1200.00

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 Nate Schulberg Date 07/26/13

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
<u>P</u>	<u>Nate Schulberg</u>	<u>1280 Stillwater Dr</u>	<u>Miami Beach FL 33141</u>

AUG 09 2013
T. SCOTT

10. E-mail Address: nateschulberg@aol.com info@flaglerarmynavy.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE: Nate Schulberg Date 07/26/13 305 298 1879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #