

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 539738

1. Corporation Name

Flagler Army Navy

2. Principal Office Address - No P.O. Box #

1798 W. Flagler St

Suite, Apt. #, etc.

3. Mailing Office Address

1798 W Flagler St

Suite, Apt. #, etc.

City & State

Miami, FL 33135

Zip

Country

33135

U.S.

City & State

Miami, FL 33135

Zip

Country

33135

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

591751619

Applied For

Not Applicable

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

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

REGISTERED AGENT MUST SIGN

Date 07/26/13

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
P	Nate Schulberg	1280 Stillwater Dr	Miami Beach FL 33141

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/13 305 298 1879

Date Daytime Phone #