PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

ARTICLES AND FILED

01 JUN -4 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 546917

1. Corporation Name

FLAMINGO FISHING CORPORATION

500004418175--3
-06/13/01--01078--026
****908.75 ****908.75

2. Principal Office Address	**3.** Mailing Office Address
3199 N.W. 20th St.	3199 N.W. 20th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/30/77

5. FEI Number: 59-1811422 ☐ 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: Pujol, Aurora

Street Address (P.O. Box Number is Not Acceptable): 10250 S.W. 28 Street

Suite, Apt. #, Etc.:

City: Miami, Florida State: FL Zip Code: 33165

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 _____ Date _____

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
PSD	Aurora Pujol	10250 S.W. 28 Street	Miami, Fl. 33165
VTD	Jose H. Pujol	10250 S.W. 28 Street	Miami, Fl. 33165

REINSTATEMENT 6-6-01

MW

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: Jose H. Pujol Jose H Pujol, V.P. 5/25/01 305-221-3346

Date Daytime Phone #