

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

04 JAN 15 AM 8:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 674448

1. Corporation Name

FLOCO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

300 E. ATLANTIC BLVD.  
 POMPANO BEACH FL 33060

300 E. ATLANTIC BLVD.  
 POMPANO BEACH FL 33060

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida: 06/23/1980

5. FEI Number: 59-2043659

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)

01/15/04--01024--005 \*\*150.00

| 1        | 2                                 | 3  | 4                     |
|----------|-----------------------------------|--|-----------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip    |
| P        | SHIRAR, JUDY                      | 300 E ATLANTIC BLVD                            | POMPANO BCH, FL 00000 |
| T        | SHIRAR, DONALD                    | 300 E ATLANTIC BLVD                            | POMPANO BCH, FL 00000 |
| VP       | HAWTHORNE, DEBORAH S              | 300 E ATLANTIC BLVD                            | POMPANO BCH FL        |
| S        | SHIRAR, SCOTT                     | 300 E ATLANTIC BLVD                            | POMPANO BCH FL        |

100025884151  
 12/31/03--01024--020 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIRAR, DONALD  
 300 E ATLANTIC BLVD  
 POMPANO BCH FL 33060

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 Suite, Apt. #, Etc.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

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*  
 SIGNATURE REQUIRED

Date 1/13/04

REGISTERED AGENT MUST SIGN

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*  
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD SHIRAR 12/29/03 (954)943-3121

Date

Daytime Phone #

CFR2040 (703)