

DOCUMENT

1. Entity Name

FLAMINGO COMMERCE-CENTER, LTD.

Principal Place of Business

12002 MIRAMAR PKWY.
MIRAMAR, FL 33025

Mailing Address

SAME

2. Principal Place of Business

12002 MIRAMAR PKWY.

3. Mailing Address

12002 MIRAMAR PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip
33025Country
BROWARDZip
33025Country
BROWARD

4. FFL Number

65-0837099

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GK-RA CORP. 2000
1428 BRICKELL AVENUE, 6TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
DAVID M. HOWELLStreet Address (P.O. Box Number is Not Acceptable)
8941 SW 18TH STREETCity
PLANTATION

FL

Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DAVID M. HOWELL

(NOTE: Registered Agent signature required when reinstating)

12/18/00

DATE

9. Capital Contributions
as Shown on record.

99.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPA98000000746
FLAMINGO CENTER, INC.

STREET ADDRESS

12002 MIRAMAR PKWY.

CITY-ST-ZIP

MIRAMAR, FLORIDA 33025

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003529191--2

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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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****150.00 ****150.00

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID M. HOWELL

12/18/00

Date

Daytime Phone #

REINSTATEMENT 2000

FILED

00 DEC 29 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E003 (9/99)