

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



59 MAR 22 PM 1:09  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F93000002668**

1. Corporation Name  
**FLAMINGO HOTEL ASSOCIATES, INC.**

Principal Place of Business <b>PLAZA HOTEL 16400 J. L. HUDSON DRIVE SOUTHFIELD MI 48075</b>	Mailing Address <b>PLAZA HOTEL 16400 J. L. HUDSON DRIVE SOUTHFIELD MI 48075</b>
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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



**REINSTATEMENT 78-99**

4. Date Incorporated or Qualified To Do Business in Florida  
**06/09/1993**

5. FEI Number  
**38-3115857**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	POLSELLI, REMO	PLAZA HOTEL, 16400 J.L. HUDSON DR 30900 TELEGRAPH RD	SOUTHFIELD MI 48075 BINGHAM FARMS, MI 48025

*(Handwritten signature and initials)*

3000002824528- - 8  
 -03/31/93 -01004 -002  
 \*\*\*\$300.00 \*\*\*\$300.00

8. Name and Address of Current Registered Agent

**POLSELLI, RENO  
 2901 FEDERAL HWY  
 BOCA RATON FL**

9. Name and Address of New Registered Agent

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

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.

Signature of Registered Agent *(Signature)*  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

12. 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/99 248-723-8400  
 Date Daytime Phone #

CR2E240 (0/99)