

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -7 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003670

1. Corporation Name

FLAUTT, INC.

Principal Place of Business

1000 RIDGEWAY LOOP RD  
STE. 320  
MEMPHI TN 38120  
US

Mailing Address

1000 RIDGEWAY LOOP RD  
STE. 320  
MEMPHIS TN 38120  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/1994

5. FEI Number

62-1453598

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	FLAUTT, FRANK L JR.	1000 RIDGEWAY LOOP RD, STE. 320	MEMPHIS TN 38120
STVP	KAMM, ROBERT	320 - 1000 RIDGEWAY LOOP RD	MEMPHIS TN 38120
VP	EARWOOD, BOB	STE 320 - 1000 RIDGEWAY LOOP RD	MEMPHIS TN 38120
VP	<del>DONGAHUE, MICHAEL</del>	<del>10361 STRATFORD AVE</del>	<del>FAIRFAX VA 22030</del>

700003436607--0  
-12/12/00--01028--014  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

ROBERT T. KAMM  
SANDESTIN BEACH HILTON  
4000 SANDESTIN BLVD. SOUTH  
DESTIN FL 32541

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/3/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/00  
Date

901-681-5181  
Daytime Phone #

KE