

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 11 AM 8:23

STATE
ALABAMA, E. FLORIDA

DOCUMENT # J80377

1. Corporation Name

Flamborough Group, Inc.

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
18120 San Carlos Boulevard

3. Mailing Office Address
59 Kirby Avenue

Suite, Apt. #, etc.
Suite 1101

Suite, Apt. #, etc.
Unit 2

City & State
Fort Myers, FL

City & State
Dundas Ontario

Zip
33931

Country
US

Zip
L9H 6P3

Country
Canada

4. Date Incorporated or Qualified
To Do Business in Florida 06/30/87

5. FEI Number
65-0087452

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
Kevin A. Kyle

Street Address (P.O. Box Number is Not Acceptable)
1380 Royal Palm Square Boulevard

Suite, Apt. #, Etc.

City
Fort Myers,

State
FL

Zip Code
33919

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/6/07

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
D	Bernie Voortman	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
D	Calvin Voortman	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
P	William Voortman	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
DV	John DeWaard	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
ST	Trish Hutten	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3

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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 contained in Chapter 119, 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:

John DeWaard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30 2007
Date

9056286701
Daytime Phone #