PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 FEB 25 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49707

1. Corporation Name
FLAMINGO BAY TRAVEL, INC

Principal Place of Business / Mailing Address
1975 E SUNRISE BLVD - Ste 802
FT LAUDERDALE, FL 33304

REINSTATEMENT 94-98

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: 1988

5. FEI Number: 65-0085217 — 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)

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
P/V	STEPHEN B MCWILLIAM	3000 HOLIDAY DR	FT LAUDERDALE FL 33316
T	STEPHEN B MCWILLIAM	3000 HOLIDAY DR.	FT LAUDERDALE FL 33316
			400002449824--4
			-03/03/98--01004--003
			***1350.00 ***1350.00
			2/25/98

8. Name and Address of Current Registered Agent
~~Exception~~

9. Name and Address of New Registered Agent
Name: TODD WESTON, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 6350 N ANDREWS AVE
Suite, Apt. #, Etc.:
City: FT LAUDERDALE State: FL Zip Code: 33309

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: Todd Weston — REGISTERED AGENT MUST SIGN — Date: 2/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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] 2/24/98 (954) 765 1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #