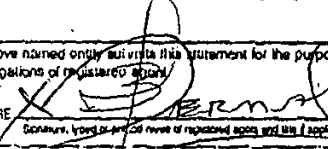
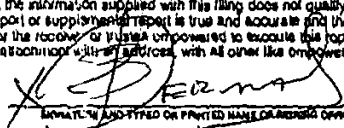


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -9 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53473																											
1. Entity Name FLAMINGO BANQUET HALL, INC.																											
Principal Place of Business 489 E. Hialeah Dr. Hialeah FL 33010		Mailing Address 178 West 18 Street Hialeah FL 33010																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 65-0086529		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.76 Additional Fee Required																									
6. Name and Address of Current Registered Agent BERNAL, OMAR 178 West 18th Street Hialeah Florida 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE  OMAR BERNAL		DATE 12/7/2004																									
FILE NOW! FEE IS \$150.00 After January 1, 2005, fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BERNAL, OMAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>178 West 18 St.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Hialeah FL 33010</td> <td></td> </tr> </table>		TITLE	DP	☐ Delete	NAME	BERNAL, OMAR		STREET ADDRESS	178 West 18 St.		CITY - ST - ZIP	Hialeah FL 33010		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>100043610131</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12/23/04--01029--004</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>**\$150.00</td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME	100043610131		STREET ADDRESS	12/23/04--01029--004		CITY - ST - ZIP	**\$150.00	
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12. 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 disclosed on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.																											
SIGNATURE: 		OMAR BERNAL 12/7/04 (305)885-5775																									