L01000014017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name Availability	
Filing Officer	DCC
Updater	DCC
Updater Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC

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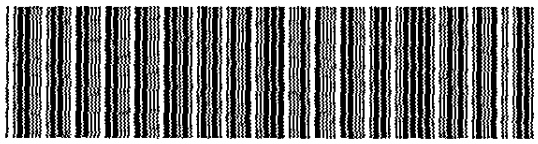

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FILED
02 NOV 13 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 13 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K01000014017

1. Limited Liability Company's Name

Flamingo Park Ventures, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
411 Claremore Drive		411 Claremore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33401	U.S.A.	33401	U.S.A.

4. State/Country of Formation: U.S.A/Florida

5. Date Organized or Qualified To Do Business in Florida: August 21, 2001

6. FEI Number: 65-1141885 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: E. Scott Nunley, Esquire

Street Address (P.O. Box Number is Not Acceptable): 500 Australian Avenue, Ninth Floor

Suite, Apt. #, Etc.:

City	State	Zip Code
West Palm Beach	FL	33401

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 11/12/02
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Neil Marcellino, Mgr.	411 Claremore Drive	West Palm Beach, FL 334

STATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 11/12/02 Daytime Phone #: 561-832-7865

Typed or printed name of signing Managing Member/Manager: Neil Marcellino, Mgr.