

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 19 PM 3:30

**DOCUMENT #**

1. Limited Liability Company's Name

F.A.M. FLAMINGO, LLC  
L05000005627

2. Principal Office Address - No P.O. Box #

4779 COLLINS AVE.

Suite, Apt. #, etc.

1804

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

4779 COLLINS AVE.

Suite, Apt. #, etc.

1804

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

01/18/05

6. FEI Number

72-1592828

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

DIANA L. BACMAN

Street Address (P.O. Box Number is Not Acceptable)

4779 COLLINS AVE., 1804

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

☒ A \$100 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 \$100 reinstatement be waived.

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 2/12/08

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	OSVALDO S. BACMAN	4779 COLLINS AVE., # 1804	MIAMI BEACH, FL 33140
MGR	DIANA L. BACMAN	4779 COLLINS AVE., # 1804	MIAMI BEACH, FL 33140

100119011791  
02/28/08--01007--009 \*\*277.50

**REINSTATEMENT 2006-08**

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 02/12/08

Daytime Phone # 305-444-7899

Typed or printed name of signing Managing Member/Manager DIANA L BACMAN - MGR