

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2012 MAY 30 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000074302

1. Limited Liability Company's Name  
FLAMINGO PROPERTIES, LLC

2. Principal Office Address - No P.O. Box # <u>5020 SW 87 AVE.</u>		3. Mailing Office Address <u>5020 SW 87 AVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Cooper City, Florida</u>		City & State <u>Cooper City, Florida</u>	
Zip <u>33328</u>	Country <u>U.S.A.</u>	Zip <u>33328</u>	Country <u>U.S.A.</u>

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
July 26, 2006

6. FEI Number  
37-1546377

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED  NO \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
L. Rod MANNING

Street Address (P.O. Box Number is Not Acceptable)  
5020 SW 87 AVE.

Suite, Apt. #, Etc.  
Cooper City, FL

City  
Cooper City

State  
FL

Zip Code  
33328

E-mail Address:  
600235522056  
05/24/12-01027-009 \*\*377.50

(To be used for future annual report notices)

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 L. Rod Manning Date 22 May 2012

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
<u>MGRM</u>	<u>K. J. MANNING</u>	<u>5020 SW 87 AVE.</u>	<u>Cooper City, FL 33328</u>
<u>MGR</u>	<u>L. R. MANNING</u>	<u>5020 SW 87 AVE.</u>	<u>Cooper City, FL 33328</u>

**REINSTATEMENT**  
2011-2012

J. SAULSBERRY  
EXAMINER  
JUN 1 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager L. R. Manning Date \_\_\_\_\_ Daytime Phone # 904-562-1226

Typed or printed name of signing Managing Member/Manager L. R. MANNING