


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 <p style="text-align: center;">Flamingo Properties, LLC</p>			
2. Principal Office Address - No P.O. Box # 5020 SW 87 AVE.		3. Mailing Office Address 5020 SW 87 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cooper City, Florida		City & State Cooper City, Florida	
Zip 33328	Country U.S.A.	Zip 33328	Country U.S.A.
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"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> NO \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name L. Rod MANNING		E-mail Address: 600235522056 05/24/12--01027--009 **377.50	
Street Address (P.O. Box Number is Not Acceptable) 5020 SW 87 AVE.		(To be used for future annual report notices)	
Suite, Apt. #, Etc. Cooper City, FL		City FL	
City FL		Zip Code 33328	
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
MGRM	K. J. MANNING	5020 SW 87 AVE.	Cooper City, FL 33328
MGR	L. R. MANNING	5020 SW 87 AVE.	Cooper City, FL 33328
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			