

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M91751

1. Corporation Name

Flamborough Holding, Inc.

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

18120 San Carlos Boulevard

3. Mailing Office Address

59 Kirby Avenue

Suite, Apt. #, etc.

Suite 1101

Suite, Apt. #, etc.

Unit 2

City & State

Fort Myers, FL

City & State

Dundas Ontario

Zip

33931

Country

US

Zip

L9H 6P3

Country

Canada

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/88

5. FEI Number

65-0087453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kevin A. Kyle

Street Address (P.O. Box Number is Not Acceptable)
1380 Royal Palm Square Boulevard

Suite, Apt. #, Etc.

City
Fort Myers,

State
FL

Zip Code
33919

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/6/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Bernie Voortman	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
D	Calvin Voortman	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
P	William Voortman	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
DV	John DeWaard	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3
ST	Trish Hutten	59 Kirby Avenue, Unit 2	Dundas Ontario L9H 6P3

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

JOHN DEWAARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 30 2007

Daytime Phone #

905 628 6610