

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL -1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
N01000000638 FLAMINGO PARK WEST NEIGHBORHOOD ASSOC.
INC.

2. Principal Office Address
1350 LENOX AVE.

Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

3. Mailing Office Address
1350 LENOX AVE. C/O CARSON

Suite, Apt. #, etc.

City & State
MIAMI BEACH

Zip
33139

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/26/2001

5. FEI Number
NONE

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
WISS, ILONA ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1000 LINCOLN RD

Suite, Apt. #, Etc.
208

City
MIAMI BEACH

State
FL

Zip Code
33139

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

Ilona Wiss

REGISTERED AGENT MUST SIGN

Date 6/28/05

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	SAM CARSON	1350 LENOX AVE.	MIAMI BEACH FL 33139
D	WINN OGDEN	1215 LENOX AVE.	MIAMI BEACH FL 33139
D	ILONA WISS	1350 MICHIGAN AVE.	MIAMI BEACH FL 33139
D	ABRAHAM CONDARCO	1260 LENOX AVE.	MIAMI BEACH FL 33139

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07/01/05--01039--009 **420.00

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/05 305-673-8514