

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 PM 1:09

DOCUMENT # No3000000640

1. Corporation Name
FLAMUR CORP

2. Principal Office Address - No P.O. Box #
18127 NW 61 PL

3. Mailing Office Address
18127 NW 61 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33015

Country

Zip
33015

Country

700129063047
05/13/08--01005--005 **306.25

REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida Jan 27, 2003

5. FEI Number ☒ 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
Hidalgo, Maddelivia

Street Address (P.O. Box Number is Not Acceptable)
18127 NW 61 PL

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33015

☒ 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

Date

4-25-08

REGISTERED AGENT MUST SIGN

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
DIR	Hidalgo, Magdelivia	18127 NW 61 PL	Miami FL 33015
DIR	Ruiz, Camila	9024 W Flagler St. #5	Miami FL 33174
DIR	Ruiz, Victoria	1425 SW 27 Ave	Miami FL 33145

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:

5/15/08