

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000005628

1. Entity Name  
FLAMINGO INTERNATIONAL CHALLENGE INC.



Principal Place of Business  
11350 SUNSHINE GROVE RD.  
BROOKSVILLE, FL 34614 US

Mailing Address  
11350 SUNSHINE GROVE RD.  
BROOKSVILLE, FL 34614 US

FILED  
06 FEB -6 PM 2:32  
FILED  
06 FEB -6 PM 2:32  
**REINSTATEMENT**  
TALLAHASSEE, FLORIDA  
05-06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252006 REIN-NP

CR2E099 (11/05)

4. FEI Number

20-261-0993

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GALLAGHER, JOHN J  
9363 BRADY STR.  
SPRING HILL, FL 34608

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$297.50**

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME GALLAGHER, JOHN J  
STREET ADDRESS 9363 BRADY STR.  
CITY-ST-ZIP SPRING HILL, FL 34608 ☐ Delete

TITLE V  
NAME RIVERA, FREDDIE J  
STREET ADDRESS 11425 SUNSHINE GROVE RD.  
CITY-ST-ZIP BROOKSVILLE, FL 34614 ☐ Delete

TITLE S  
NAME LEONE, JOHN  
STREET ADDRESS 152 UNQUA RD.  
CITY-ST-ZIP MASS., NY 11758 ☐ Delete

TITLE T  
NAME FRAMPTON, ALLEN J  
STREET ADDRESS 9556 LAKEVIEW DR.  
CITY-ST-ZIP PORT RICHEY, FL 34654 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200065569462  
02/10/06--01021--030 \*\*297.50

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200065569462  
02/10/06--01021--031 \*\*8.75

TITLE S  
NAME Leone, John  
STREET ADDRESS 308 RIVERA DR. South  
CITY-ST-ZIP MASSAPEQUA N.Y. 11758 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

Date

352 6834347

Daytime Phone #