PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
CORPORATIONS

2021 AUG 17 PM 12:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09119

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08/17/21--01001--008 **2257.50

CR2E081 (11/10)

1. Corporation Name
FLAMINGO ROAD OWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
4821 W. Flamingo Rd	4821 W. Flamingo Rd
Suite, Apt. #, etc.: Apt. B	Suite, Apt. #, etc.: Apt. B
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33611 Country: US	Zip: 33611 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 05/07/1985

5. FEI Number: None ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mona Lee Russell

Street Address (P.O. Box Number is Not Acceptable): 4821 W. Flamingo Rd

Suite, Apt. #, Etc.: Apt. B

City: Tampa State: FL Zip Code: 33611

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: Mona Lee Russell Date: 8/12/2021

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
D	Mona Lee Russell	4821 W. Flamingo Rd, Apt. B	Tampa, FL 33611
D	Belma Ozdemir	4821 W. Flamingo Rd, Apt. A	Tampa, FL 33611
D	Allen Nuznoff	4821 W. Flamingo Rd, Apt. C	Tampa, FL 33611
	REINSTATEMENT		AUG 17 2021
			R. HUNT

10. E-mail Address: kfernandez@kfernandezlaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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: Mona Lee Russell 8/12/2021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #