

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -5 AM 11:22

DOCUMENT # **N41511**

1. Corporation Name
THE FLAMINGO PLAZA CONDOMINIUM ASSOCIATION, INC

400003045554--3
-11/16/99--01052--009
****236.25 ****236.25

Principal Place of Business Mailing Address

1051 MERIDIAN AVE.
MIAMI BEACH FL 33139

420 S. DIXIE HWY
2K
CORAL GABLES FL 33146
US



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
12/31/1990

5. FEI Number
65-0240354

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STREUR, MICHAEL	1000 VENETIAN WAY #502	MIAMI BEACH FL
STD	DEPLEDGE, THOMAS	1051 MERIDIAN AVE.	MIAMI BEACH FL
VPD	WILLIFORD, DOUGLAS	1051 MERIDIAN AVE, #2-A	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

LA CASCIO, EDWARD S P.A.
420 S. DIXIE HWY #2K
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Thomas A. Depledge* REGISTERED AGENT MUST SIGN

Date **10/27/99**

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., 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: *Thomas A. Depledge* THOMAS A. DEPLEDGE

Date **10-25-99** Daytime Phone # **305-945-9200**

CR2E040 (8/99)