PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 12 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/07--01017--018 **122.50

REINSTATEMENT 06-07
CR2E081 (1/07)

DOCUMENT # N98000005805

1. Corporation Name
FLAMINGO COURT CONDOMINIUM ASSOCIATION INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8321 NW 7ST	8321 NW 7 ST
Suite, Apt. #, etc. MAIN OFFICE	Suite, Apt. #, etc. MAIN OFFICE
City & State MIAMI FLA	City & State Miami FLA
Zip 33126 Country DADE	Zip 33126 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 12-10-98 FILE 12-12-98

5. FEI Number 69-0909864 ☐ 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: MARCOS A SOSA
Street Address (P.O. Box Number is Not Acceptable): 8321 NW 7ST # 403
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33126

☒ 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: MAS Date: 3-1-07
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
PD	MARCOS A SOSA	8321 NW 7ST # 403 MIAMI FLA	MIAMI FLA 33126
VD	HECTOR CARBONELL	8320 NW 8ST # 409	MIAMI FLA 33126
D	KATHIUSKA CHIQUITO	8320 NW 8 ST # 109	MIAMI FLA 33126
TD	JORGE GONZALEZ	8321 NW 7ST # 202	MIAMI FLA 33126
MEMBER	RAMON FERNANDEZ	8321 NW 7ST 413	MIAMI FLA 33126

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: MAS 3-1-07 (305)267-9181 (786)853-6428 (786)866-7889 UB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # HECTOR