

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01-02		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000028892			
1. Corporation Name FLANDERS HOLDINGS, INC			
2. Principal Office Address 251 N. W 25 ST. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State 	
Zip 33127	Country DADE	Zip 	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

01-02 UB

4. Date Incorporated or Qualified To Do Business in Florida 3/15/2000	
5. FEI Number 00-0991795	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name HENRY B. FLANDERS			
Street Address (P.O. Box Number is Not Acceptable) 251 N. W 25 ST			
Suite, Apt. #, Etc. 			
City MIAMI		State FL	Zip Code 33127

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/09/02

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
President	HENRY B. FLANDERS	14166 S. W 93 AVE.	MIAMI, FL 33186
V.P.	GERARD FLANDERS		

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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 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:

[Signature] HENRY B. FLANDERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02 (302) 573-1731
Date Daytime Phone #

CR2E081 (9/00)