

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1/82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 11 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110832
1. Corporation Name FLAMINGO ~~ROW~~ ROW, INC

2. Principal Office Address 813 N. NOB HILL RD 3. Mailing Office Address 813 N. NOB HILL RD

Suite, Apt. #, etc.
City & State PLANTATION, FL PLANTATION, FL

Zip 33324 Country USA Zip 33324 Country USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 11/30/2000 TR

5. FEI Number 651058025 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 DAVID TORCHIA P.A
Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD # 200
Suite, Apt. #, Etc.
City PLANTATION State FL Zip Code 33324

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 David Torchia Date 5/2/04
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
PO	RONI OZ	813 N. NOB HILL RD PLANTATION	PLANTATION, FL 33324

400036073444
05/11/04--01094--004 **300.00

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] Roni Oz Date 5/2/04 (95) 849-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (07/04)

PS 2002

**Flamingo Row
813 N. Nob Hill Rd
Plantation, Fl 33324
(954) 849-0777**

Documrnt # : P00000110832
FEI # : 651058025

To: Department of State
Division of Corporation

Re: Request for a renewal

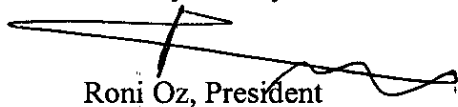
Dir Sir/Madam,

I was trying to renew over the internet prior to may 01,2004. I was notified that the renewal could not be completed. When I spoke to a representative he advised that the Corp was not renewed for the prior year.

As you can see I am always renewing on time. it seems like I have not received the renewal notice and that was the reason behind the non renewal.

Enclosed is \$ 300 for the last year renewal and for this year renewal.

Thank you for your consideration.


Roni Oz, President