

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -2 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112527

1. Corporation Name

FLAGLER PLAZA CORP.

2. Principal Office Address

11398 FLAGLER ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Zip

33174

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-08-2000

5. FEI Number

65-1097855

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

SIGLER, MIGUEL JR

000005507530-3

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

1800 SW 134 Ave

-05/14/02-01001-025

****300.00 ****300.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

REGISTERED AGENT MUST SIGN

Date 4-29-02

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
PST	Sigler, Miguel JR	1800 SW 134 Ave	MIAMI - FLA - 33175

M/S/10

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL SIGLER JR

4-29-02

Date

786-286-9150

Daytime Phone #

CR2ED81 (9/01)

FLAGLER PLAZA CORP.

11398 FLAGLER STREET # 202
MIAMI-FLORIDA-33174
(786)286-9150

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REF: FLAGLER PLAZA COPORATION
DOC# P00000112527

AS OUR CONVERSATION YESTERDAY WITH MR. TYRONE ADJ. YOU
WILL FIND THE CHECK # 1143 FOR THE AMOUNT OF \$300.00 TO COVER
THE ANNUAL REPORTS 2001 AND 2002.

PLEASE WAVEE THE REINSTATEMENT FEE BECAUSE I NEVER
RECEIVED ANY NOTICE TO PAY THIS REPORTS AND I OPEN THE
CORPORATION ON DECEMBER 8TH, 2000 I WAS THINKING THAT THE
CORPORATION WAS PAID FOR ONE YEAR FROM THE DATE OF
REGISTRATION NOT DUE ON DEC 31,

NOW I KNOW THE PROCEDURE AND THE FEES, SO PLEASE WAVE
THE REINSTATEMENT FEE.

AND ALSO PLEASE TAKE NOTE OF MY NEW ADDRESS:

FLAGLER PLAZA CORP.
11398 FLAGLER STREET # 202
MIAMI-FLORIDA-33174

THANKS FOR YOUR HELP



MIGUEL SIGLER JR.