PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1&2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -1 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095145

1. Corporation Name
Flagler Apartment Holdings, Inc

000030462320
03/15/04--01026--007 **450.00

2. Principal Office Address	3. Mailing Office Address
3191 Coral Way	3191 Coral Way
Suite, Apt. #, etc.: Suite# 613	Suite, Apt. #, etc.: Suite# 613
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33145 Country: USA	Zip: 33145 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: OCT 1, 2001

5. FEI Number: 65-1140563 ☐ 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: Javier Sanchez

Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way

Suite, Apt. #, Etc.: Suite# 613

City: Miami | State: FL | Zip Code: 33145

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 _____ Date 2/26/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Javier Sanchez	4779 Collins Ave, #3701 Mia. Beach, FL 33140	Mia. Beach, FL 33140
VP	Gilberto Sanchez	2511 SW 117 Ave	Mia FL 33174
		REINSTATEMENT	02-04

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: _____ Javier Sanchez 2/26/04 305 448-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAYC252

Flagler Apartment Holdings, Inc

3191 Coral Way, Suite# 613
Miami, Florida 33145
(305) 448-7977 Office
(305) 448-4227

February 26, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of Corporation

To whom it may concern,

I would greatly appreciate having the above corporation reinstated; the reason for the non-payment is because we never received the filing reports. Enclosed you will find my payment. Any questions please do not hesitate to contact our office.

Respectfully,

Javier Sanchez
President