

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000067969**

1. Corporation Name

**FLAMINGO CLOSETS INC**

Principal Place of Business

Mailing Address

**17810 NW 46TH AVENUE  
MIAMI FL 33055**

**17810 NW 46TH AVENUE  
MIAMI FL 33055**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6933 NW 8 CT  
Margate FL  
33063**

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/19/2002**

5. FEI Number

**04-3696253**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	<b>CASTILLO, ANDRE'S I ANDRES I</b>	<b>17810 NW 46TH AVENUE</b>	<b>MIAMI FL 33055</b>
V	<b>CASTILLO, CLAUDIO A</b>	<b>4951 CARAMBOLA CIRCLE SOUTH 6933 NW 8 CT</b>	<b>COGNUT CREEK FL 33066 Margate FL 33063</b>

**000025327940**

**12/08/03--01068--018 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CASTILLO, ANDRE'S I  
17810 NW 46TH AVENUE  
MIAMI FL 33055**

Name

**CLAUDIO CASTILLO**

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

**6933 NW 8 CT**

Suite, Apt. #, Etc.

City

**Margate**

State

**FL**

Zip Code

**33063**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date

**12/1/03**

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/1/03 (954) 971-5679**  
Date Daytime Phone #

CR2E040 (7/03)

6933 N.W. 8<sup>th</sup> Court  
Margate, FL 33063

# Flamingo Closets

December 4, 2003

Florida Department of State

Dear Sir or Madam:

We received notice of revocation of our corporate status because of failure to file a 2003/Uniform Business Report on time. Upon receiving cancellation notice we contacted the reinstatement number and were informed that we should have received a form in the mail that we needed to file. We are a new corporation and were unaware of the procedure or even the need to file. As far as the letter we were supposed to receive we don't know whether it was mishandled by us or whether we received it at all. In order to avoid another such situation we will have all mail come to my address instead of my brother's. Thank You for your attention to this matter.

Sincerely,



Claudio Castillo  
Vice President