

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000079127

1. Entity Name
FLASH LAND SERVICE, INC.



Principal Place of Business
1520 S.W. 124 PLACE
MIAMI, FL 33184

Mailing Address
1520 S.W. 124 PLACE
MIAMI, FL 33184

2. Principal Place of Business
14462 SW 27th St
Suite, Apt. #, etc.

3. Mailing Address
14462 SW 27th St
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
F 33175 Country
MUNDOPE

Zip
33175 Country
MUNDOPE

10052004 REIN-P CR2E098 (6/04)

4. FEI Number
56-2287082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSTOLAZA, HUMBERTO
1520 S.W. 124 PLACE
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name
Ostolaza Humberto

Street Address (P.O. Box Number is Not Acceptable)
14462 SW 27th St

City
Miami

FL

Zip Code
33175

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/5/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OSTOLAZA, HUMBERTO
1520 S.W. 124 PLACE
MIAMI, FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GARCIA, BEATRIZ
1304 S.W. 125 COURT
MIAMI, FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OSTOLAZA, HUMBERTO
14462 SW 27th St
MIAMI, FL 33175 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GARCIA, BEATRIZ
14462 SW 27th St
MIAMI, FL 33184 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/04

FILED
04 NOV - 1 04:2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

