Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866)703-8828
Fax Number : (561)202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
FLAMINGO TRADING ENTERPRISES CO.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$661.25~~

750

Tina Mackey

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P08000087805

1. Corporation Name
FLAMINGO TRADING ENTERPRISES CO.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11870 WEST DIXIE HWY	11870 WEST DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33161 Country: US	Zip: 33161 Country: US

10-11

CR2E091 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/2008

5. FEI Number: 263453678 ☐ 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: A1A REGISTERED AGENT INC.

Street Address (P.O. Box Number is Not Acceptable): 5647 110TH AVENUE NORTH

Suite, Apt. #, Etc.

City: ROYAL PALM BEACH State: FL Zip Code: 33411

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: [signature] REGISTERED AGENT MUST SIGN Date: 9/1/11

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
DPT	FRANCE, PHILIPPE J	11870 WEST DIXIE HWY	MIAMI FL 33161
V	REDON, SHANAN O	11870 WEST DIXIE HWY	MIAMI FL 33161
S	LAURENT, GORTHY	11870 WEST DIXIE HWY	MIAMI FL 33161

[initials] 9/6

10. E-mail Address: Philippe_france @ hotmail. com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] PHILIPPE J FRANCE 9/1/11 646-681-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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