

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FLAMINGO TOBACCO SHOP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED  
11 FEB 11 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Atty Gen*

Electronic Filing Menu

Corporate Filing Menu

Help



February 11, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FLAMINGO TOBACCO SHOP, INC.  
3901 KENILWORTH BLVD  
SEBRING, FL 33870US

SUBJECT: FLAMINGO TOBACCO SHOP, INC.  
REF: P11000013931

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

Lines are drawn through each page of your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H11000037623  
Letter Number: 311A00003688

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H11000037623

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: FLAMINGO TOBACCO SHOP, INC.

Name of Corporation

DOCUMENT NUMBER: P11000013931

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AHMED BANIATA

Name of Contact Person

FLAMINGO TOBACCO SHOP, INC.

Firm/Company

3901 KENILWORTH BLVD

Address

SEBRING, FLORIDA 33870

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AHMED BANIATA

Name of Contact Person

at ( 863 ) 273-2549

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# ARTICLES OF CORRECTION

for

**FLAMINGO TOBACCO SHOP, INC.**

Name of Corporation as currently filed with the Florida Dept. of State

**P11000013931**

Document Number (if known)

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FLORIDA  
SECRETARY OF STATE

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **OFFICER/DIRECTOR DETAIL**  
(Document Type Being Corrected)

filed with the Department of State on **02/09/2011**  
(File Date of Document)

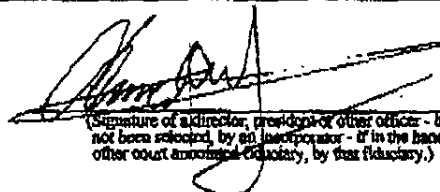
Specify the inaccuracy, incorrect statement, or defect:

**NAME OF OFFICER/DIRECTOR WAS WRITTEN INCORRECTLY. (AHMED BENIATA)**

**IT'S NOT THE CORRECT SPELLING OF THE OFFICER/DIRECTOR'S NAME.**

Correct the inaccuracy, incorrect statement, or defect:

**THE CORRECT NAME OF THE OFFICER/DIRECTOR IS (AHMED BANIATA.)**



(Signature of a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of the recorder, trustee, or other court appointed fiduciary, by that fiduciary.)

**AHMED BANIATA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**

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