

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 20 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P 93000007760

1. Corporation Name

FLAMINGO GALLERY, INC.

2. Principal Office Address

5528 N.W. 57 Ave

3. Mailing Office Address

5528 N.W. 57 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-25-93

5. FEI Number

650387032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

96-01

7. Name and Address of Current Registered Agent

Name

Russell Donnelly

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

5528 N.W. 57th Ave

Suite, Apt. #, Etc.

City

Coral Springs

308884560479-1

08/28/01-01090-001

***1500.00 ***1500.00

308884560479-1

08/28/01-01090-002

State Zip Code *****8.75

FL33067

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

Russell Donnelly

REGISTERED AGENT MUST SIGN

Date 8-10-2001

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
P,D	Russell Donnelly	5528 N.W. 57th Ave.	Coral Springs, FL 33067
D	Gloria Logan	5528 N.W. 57th Ave.	Coral Springs, FL 33067

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:

Russell Donnelly

Russell Donnelly, Pres. 8-10-2001 954-346-1065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)