

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009814

1. Corporation Name

FLAGG COMMUNICATIONS, INC.

Principal Place of Business

719 WEST AVENUE
CLERMONT FL 34711

Mailing Address

719 WEST AVENUE
CLERMONT FL 34711

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1993

5. FEI Number

59-3171071

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PT	SHULMAN, JAY T	ONE OLD COUNTRY ROAD, SUITE 240	CARLE PLACE NY 11514
VS	SACKOWITZ, DANIEL	ONE OLD COUNTRY ROAD, SUITE 240	CARLE PLACE NY 11514

500002374105-0
-12/16/97-01116-010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

AUSTIN, BRYAN D
DITTMER, WOHLUST & WILKINS P.A.
230 LOOKOUT PLACE
MAITLAND FL 32704-1690

9. Name and Address of New Registered Agent

Name
Austin, Bryan D.
Street Address (P.O. Box Number is Not Acceptable)
Gunster, Yoakley, Valdes-Fauli & Stewart
Suite, Apt. #, Etc.
2 So. Biscayne Blvd. Suite 3400
City
Miami
State
FL
Zip Code
33131-1897

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/8/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information
on Intangible tax.)

12. 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 118.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #