

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 AM 8:17

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052537

1. Corporation Name

FLAGLER 87, INC.

2. Principal Office Address

8680 W. FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33144

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/93

5. FEI Number

65-0425451

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

MARIO Guillen Jr.

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

1209 NW 170 AVENUE

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code

33028

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

MARIO GUILLEN JR.

REGISTERED AGENT MUST SIGN

Date

9/27/06

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	MARIO Guillen Jr.	1209 NW 170 AVE	Pembroke Pines FL 33028
VP/T	MARIO Guillen	1825 SW 98 CT.	MIAMI FL. 33165

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 contained in Chapter 119, 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:

MARIO GUILLEN JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/06 3055252939

Daytime Phone #

8680 West Flagler Street
Miami, Florida 33144-2036

Flagler 87 Inc.

September 29, 2006

Department of State
Secretary of State
Division of Corporations

Dear Sir or Madam:

I recently received notice from the Florida Lottery that they could not process our renewal because our corporation was inactive. As I began to research the issue in order to find resolution, I discovered that the dissolution was due to non filing of our annual report for 2005. I contacted your office to ask how the annual report needed to be processed since I had not received any such notice or instruction. I was instructed to send a letter explaining that an annual report form was not received by our office and to request a waiver for the reinstatement fee along with a check for \$300.00.

I appreciate your office's attention to this matter as it will help us continue doing business as a corporation in good standing as we have for the last thirteen years.

If you may have any questions please do not hesitate to contact me on my mobile phone at 305 525 2939.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mario Guillen Jr.', with a stylized, looping flourish at the end.

Mario Guillen Jr.
President