

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1999 JUL 26 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064623

1. Corporation Name

FLAMAND ROSE, INC.

Principal Place of Business

2655 LGJEUNE RD #201  
CORAL GABLES, FL 33134

Mailing Address

2655 LGJEUNE RD #201  
CORAL GABLES, FL 33134

REINSTATEMENT

98-99  
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

9-13-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0438646

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VD	CHUN, POON Y <del>3963 WOOD AVE</del>	3963 WOOD AVE MIAMI FL 33133	MIAMI FL 33133
PSD	CUDENNEC, MARK M.	3963 WOOD AVE	MIAMI, FL 33133

000002945888--4  
-07/30/99--01049--002  
\*\*\*\*900.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

RONALD G. BAKER  
4675 PONCE DE LEON BLVD #301  
CORAL GABLES, FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 7-23-99

11. This corporation owes 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 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:

*[Signature]*

MARK M CUDENNEC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-99

Date

305-650414

Daytime Phone #

CR2001 (12/98)