

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 18 AM 9:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000085110

1. Corporation Name

Flag Management Company, Inc.

WDS-56323

2. Principal Office Address

106 Hancock Bridge

3. Mailing Office Address

Suite, Apt. #, etc.

Unit D15-543

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

33991

Country

Lee

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1993

5. FEI Number

65-0477397

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

Kanavos, Paul C.

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

106 Hancock Bridge

Suite, Apt. #, etc.

Unit D15-543

City

Cape Coral, FL

State

FL

Zip Code
33991

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

Paul C Kanavos

REGISTERED AGENT MUST SIGN

Date

12/19/05

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	Kanavos, Peter J.	106 Hancock Bridge	Cape Coral, FL 33991
V	Kanavos, Paul C.	106 Hancock Bridge	Cape Coral, FL 33991

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:

Paul C Kanavos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/05

Date

239-283-1608

Daytime Phone #