## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

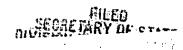
**DIVISION OF CORPORATIONS** 

## P94000062311 **DOCUMENT #**

1. Corporation Name

FLASH-WORKS, INC.

SIGNATURE:



00 NOV 17 AM 10: 20

Principal Place of Business Mailing Address											
1407 MINK DR APOPKA FL 32703 US				1407 MINK DR APOPKA FL 32703 US							
If above a	addresses are	incorrect in any way, line	through incorrect in	nformation a	nd enter cor	rection below.	REIN	CALCAL	ENT	00_	
				ng Office Address, If Applicable			4. Date Theorporated or Qualified To Do Business in Florida 08/22/1994				
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable				
City & State			City & State	City & State							
Zip	Country		Zip		Country		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ac	dresses of Each Officer	and/or Director (Flo	rida nonprof							
Title(s)	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo			City / State / Zip				
D.	CASTIGLIONE, MICHAEL J			1407 MINK DRIVE				APOPKA FL 32703			
D	CASTIGLIONE, DIANE E			1407 MINK DRIVE				APOPKA FL 32703			
·			2000034877728 -12/05/0001072021 \(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}2\)\(1								
					76111						
	<u> </u>	and Addance of Com	out Docintored Am			· · · · · ·	Q. Name and i	ddress of New Pegis	tered Agent		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name					
CASTIGLIONE, DIANE E					Street Address (			P.O. Box Number is Not Acceptable)			
1407 MINK DRIVE APOPKA FL 32703				Suite, Apt. #, Etc.							
					City			State Zip Code			
10. J, beir Signature Registered	of 1	ne registered agent of the	above named corp	E OF	QU	and accept the o	bligations of Sect		15-0	- S.S.	
this re	instatement ap	officer or director or the r oplication, the reason for tion have been paid and true and accurate, and n	dissolution has been the names of indiving the signature shall have	n eliminated, duals listed o ave the same	, the corpora on this form e legal effec	ate name satisfies do not qualify for	s the requirements an exemption un	s of section 607.0401 or	617.0401, F	.S., that all fees	
		DIAME E	CAST	16 KH	O NE						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-00 407-886-4401