


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95 0000 55762

1. Corporation Name
Flamingo Business, Inc.

2. Principal Office Address
520 Brickell Key Drive

Suite, Apt. #, etc.
0-305

City & State
MIAMI FLORIDA

Zip
33131

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

FILED
05 AUG 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900058848549
08/22/05--01059--005 **1200.00

02-05

4. Date Incorporated or Qualified
To Do Business in Florida 07/19/1995

5. FEI Number 650624004
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
TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive #0-305
Suite, Apt. #, Etc.
0-305
City
MIAMI State
FL Zip Code
33131

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 [Signature] DIRECTOR
REGISTERED AGENT MUST SIGN

Date 7/8/05

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
D, V.P.	WILMA DUARTE	520 Brickell Key Dr. #0-305	MIAMI FL 33131
D/P/S	Marcos Tideman Duarte	520 Brickell Key Dr. # 0-305	MIAMI, FL 33131
AS	Nicholas Stanham	"	"

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)(f), 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] 7/11/05 305 374 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)