

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 21 AM 10:47

DOCUMENT # P95000055762

1. Corporation Name

FLAMINGO REAL ESTATE INC.

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

3741 NE 214TH ST

3. Mailing Office Address

3741 NE 214TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

US

Zip

33180

Country

US

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1995

5. FEI Number
65-0624004

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

TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1100 S FEDERAL HWYSuite, Apt. #, Etc.
2ND FLOOR

City

DEERFIELD BEACH

State

FL

Zip Code

33441

600184979376
09-01-10 01033 004\$1,050.00

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

Date

10/21/10

REGISTERED AGENT MUST SIGN

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
DPS	MARCOS T DUARTE	3741 NE 214TH ST	AVENTURA, FL 33180
DVP	WILMA DUARTE	3741 NE 214TH ST	AVENTURA, FL 33180

20.10/22

10. E-mail Address: MTDUAR@UOL.COM.BR

(To be used for future annual report notification)

11. 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. I further certify, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/10

Date

Daytime Phone #