

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 FEB 10 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P95 000069958</u>					
1. Corporation Name <u>FLAMINGO BLDG CORP</u>					
Principal Place of Business <u>2828 PROCTOR RD</u> <u>SARASOTA, FLA 34231</u>			Mailing Address		
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 <u>9/11/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
<u>PRES</u>	<u>DOUGLAS A. KANTER</u>	<u>5180 HARPERS CROFT</u> <u>SARASOTA, FL 34235</u>	<u>SARASOTA, FL 34235</u>		
<u>SECRETARY</u>	<u>DOUGLAS A. KANTER</u>	<u>5180 HARPERS CROFT</u> <u>SARASOTA, FL 34235</u>	<u>SARASOTA, FL 34235</u>		
			600002429356-- 9 -02/12/98--01102--002 ***1050.00 ***1050.00		
			<b>REINSTATEMENT</b> <u>96-98</u>		
			<u>A. A. Kay</u> <u>2/10/98</u>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<u>DOUGLAS A. KANTER</u> <u>5180 HARPERS CROFT</u> <u>SARASOTA, FLA 34235</u>			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code		
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 <u>[Signature]</u>			Date <u>2/9/97</u>		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: <u>[Signature]</u>			Date <u>2/9/98</u> Daytime Phone # <u>941 9271225</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					