

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000069958**

1. Corporation Name

Flamingo Building Corporation
2840 Proctor Road
Sarasota, Florida 34231

2. Principal Office Address

2840 Proctor Rd.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34231

Country

3. Mailing Office Address

3355 Bearss Ave.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33618

Country

200032249022

04/09/04--01003--020 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/95

5. FEI Number

65-0642138

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

Walter Sanders

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

3355 Bearss Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

Walter Sanders

Date

3/22/04

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
Pres	Douglas Kanter	4860 Woodpointe Way	Sarasota/FL/34233

REINSTATEMENT

03/04

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:

Douglas Kanter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #

03/23

CR2E081 (01/04)