

APPROVED
AND
FILED

01 DEC 21 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000076699

1. Corporation Name

FLAMBOYAN INVESTMENT, INC.

2. Principal Office Address

7330 W. 20 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33016

Country

DADE

3. Mailing Office Address

7330 W. 20 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33016

Country

DADE

REINSTATEMENT 200-2001

4. Date Incorporated or Qualified
To Do Business in Florida

10/6/1995

5. FEI Number

65-0721176

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

HELEN C. COSTA ESQ.

100004769521--7

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

7330 W. 20 AVENUE

-01/11/02--01054--014

***908.75 ***908.75

Suite, Apt. #, Etc.

City

MIAMI LAKES

State
FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

Date 12/13/01

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
DPT	CAPELLINI, ODAIR	7330 W. 20 AVENUE	MIAMI LAKES, FL 33016
DVS	CAPELLINI, AMORACYR	7330 W. 20 AVENUE	MIAMI LAKES, FL 33016

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12/13/01
Date384/827-0100
Daytime Phone #