

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine B. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000007921

1. Corporation Name

FLAGLER PARK PLAZA, INC.

Principal Place of Business

2875 N.E. 191ST STREET
SUITE 400
AVENTURA FL 33180

Mailing Address

2875 N.E. 191ST STREET
SUITE 400
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

19501 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 400

City & State

Aventura Florida

Zip

33180

Country

USA

3. New Mailing Office Address, If Applicable

19501 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 400

City & State

Aventura Florida

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1998

5. FEI Number

65-0816507

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SOFFER, DONALD M	2875 N.E. 191ST STREET	AVENTURA FL 33180
D	DENBERG, MICHAEL B	2875 N.E. 191ST STREET	AVENTURA FL 33180

700003021737--9

-10/22/99--01012--005

***150.00 ***150.00

8. Name and Address of Current Registered Agent

ROMAINE, MARIO
2875 N.E. 191ST STREET
SUITE 400
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name

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

19501 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 400

City

Aventura

State

FL

Zip Code

33180

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

Mario Romaine REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/1999

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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

Date

10/12/1999 (305) 933-5517

Daytime Phone #

CR20040 (8/99)

Turnberry Associates

2

October 13, 1999

VIA FEDERAL EXPRESS

Division of Corporations
Annual Reports Filing
409 East Gaines Street
Tallahassee, FL 32399

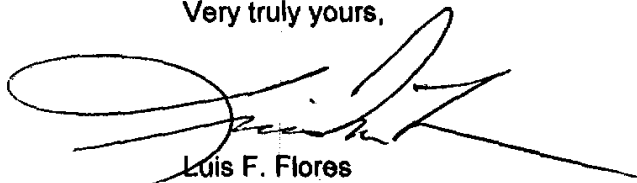
Re: Flagler Park Plaza, Inc.
Document # P98000007921
FEI #: 65-0816507

To Whom It May Concern:

Please be advised that I never received the initial packet of the 1999 Profit Corporation Annual Report for the above-referenced entity. I was advised by Stacy that the above referenced form was returned by the US Postal Service, due to an erroneous address. Therefore, I am enclosing the completed 1999 Annual Report along with a check in the amount of \$150.00.

Thank you for your cooperation in this matter.

Very truly yours,



Luis F. Flores

/lff

Encls.

::odma\grpwise\aventuradom.aventura.legallib:14851.1