

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR -3 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000014397

Corporation Name

FLAGSHIP Investments, Inc.

700015284247  
04/03/03--01025--016 \*\*300.00

02-03UBK

2. Principal Office Address

7764 SW 99 ST

Suite, Apt. #, etc.

3. Mailing Office Address

7764 SW 99 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

County

Dade

Zip

33156

County

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/1998

5. FEI Number

65-0816930

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

EDUARDO SOLOZANO

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

7764 SW 99 ST

Suite, Apt. #, Etc.

City

MIAMI, FL

State  
FL

Zip Code

33156

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

*Eduardo Solozano*  
REGISTERED AGENT MUST SIGN

Date

3/26/03

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/ Sec/ Director	EDUARDO SOLOZANO	7764 SW 99 ST	MIAMI, FL 33156

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)(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:

*Eduardo Solozano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO SOLOZANO 3/26/03

Date

Daytime Phone #

(786) 395-0770  
(305) 671-9292

CR25081 (10/02)

March 26, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32314

Re: Flagship Investments, Inc. (Flagship)  
FEI # 65-0816930

Dear Sirs:

In connection with enclosed reinstatement application for above referenced Florida Corporation (Flagship), please be advised the undersigned sole director and president relocated approximately one year ago. Due to this situation, I did not receive any communication regarding Flagship and was unaware of any problem.

As I become aware of the problem, and in order to bring Flagship current, I am enclosing \$300 to reinstate my company and change the mailing and principal office address. Due to the fact I was unaware of any outstanding fee, I would respectfully request that you waive the reinstatement fee.

Sincerely,

  
Eduardo Solorzano