<u> </u>				BEFORE (COMPLET	ING THIS FORM.	
APPLICATE REINSTATE	TION ENENT	FLORIDA	ADERAFITME Lattle the La SCALE y OF	TO STATE		FILED 9 OCT 15 PM 2: 53	
DOCUMEN	IT # P9800	2016	43 2				•
1. Corporation Name	Tangaree	THE			TA	ECREMARY OF STATE COMMASSEE, PLORE	ĪA
 	nTerprises	1 2 100	•				
Principal Place of Business Mailing Address 1370 N.W. 545t							
MIAMI,	Florida 331	142		:			
·	re incorrect in any way, line thre		nformation and enter (correction below.			
	e Address, If Applicable	3. New Mailir	ng Office Address, If A		Date Incorp To Do Busin	porated or Qualified ness in Florida Februal	RY 23th, 1998
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For 65 - 08 695 Not Applied be		
City & State	Country	City & State	Country		6.	\$8.75	Not Applicable Additional Eve required
	Addresses of Each Officer and/	<u> </u>		·	<u> </u>	E OF STATUS DESIRED []	a Certificate of Status
Title(s)	Name of Officers and/or Directors	OI DIRECTOR TO 12	Stre Offi	eet Address of Each	sh or	City / State	a / Zip
	ES YANICK PAULTRE 12045 5.W				·	MIAMI, FLORID	
	YMOND FONTA		l .		Unit 509	Pembroke Pine, h Pembroke lakes 00003022	
				. :		+***150.00	****150.00
	eme and Address of Current I		nt	Name		Address of New Registered Ag	gent
12045 5.00 1895				10731	Street Address (P.O. Box Number is Not Acceptable) 10731 Sw 173 ST		
						State	Zip Code
10. I, being appointed the relative the above named corporation, am familiar with and accept the object.					bligations of Secti	. FL	38157
Signature of Registered Agent						Date 10/13/99	7
	<u> </u>		ENT MUST SIGN				
	oordtion owes the Personal Proper			Yes	□ No E	(See other side to on intangil	
this reinstatement a owed by the corpora	application, the reason for disso	olution has been of names of Individu	eliminated, the corpor uats listed on this form	rate name satisfies in do not qualify for	the requirements an exemption unc	apter 807 or 617, F.S. I further ce of section 807.0401 or 617.0401 der section 119.07(3)(i), F.S. The	1, F.S., that all fees
SIGNATURE:	SIGNATURE AND TYPED OR PRI	Foulte NTED NAME OF 8	Pres	roent HRECTOR	10/1	3/99 (305) 75. Date Dayl	4-9092 ime Phone #

1370 N.W. 54 Street
Miand, Fl 33142
Phone: 305-884-5311
Fax: 786-242-5087

*FILLENITERPRASE*ASING

October 12, 1999

Department of State - Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Sirs:

Reference is made to our telephone conversation with Mr Andy Dunlap of your Agency regarding the reinstatement of FLP Enterprises, Inc. as an active Corporation.

In our first year of operation, we were not fully acquainted with various governmental requirements, including the renewal of the Corporation with your Agency. Unfortunately, we never received notification from your Department of our obligation to undertake this renewal. We can assure you, however that this oversight will not occur in the future.

In order to rectify this unfortunate situation, we are enclosing herewith our check in the amount of \$150.00 in payment of the renewal fee, together with the accompanying form duly completed.

We will appreciate your cooperation in processing same and returning to us our renewal certificate at your earliest convenience.

Your prompt attention to this matter is greatly appreciated.

Sincerely,

Yanick Paultre

your Loute

President