

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 18 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018889

1. Corporation Name
FLAMINGO FORD, INC.

Principal Place of Business Mailing Address
950 ECHO LANE SUITE 350 HOUSTON TX 77024



REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida	02/26/1998	SP
Suite, Apt. #, etc. 30725 S. Federal Hwy.	Suite, Apt. #, etc.	5. FEI Number	59-3501408	Applied For
City & State HOMESTEAD, FLORIDA	City & State	6. CERTIFICATE OF STATUS DESIRED	X	Not Applicable
Zip 33030	Country	Zip	Country	\$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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	CARROLL, JAMES S	8101 N. STATE ROAD 7 8655 PINES BLVD.	HOLLYWOOD FL 33021 PENDROKE PINES, FL 33024
D	THOMPSON, SCOTT L	950 ECHO LANE, SUITE 350	HOUSTON TX 77024
D	TODARO, FRANK R	950 ECHO LANE, SUITE 350	HOUSTON TX 77024
			900003018759--6 -10/19/99--01078--013 *****750.00 *****750.00
			900003018759--6 -10/19/99--01078--014 *****8.75 *****8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

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: Victor Alfano, Asst. Secy. REGISTERED AGENT MUST SIGN Date: Oct. 10, 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)(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: FRANK R. TODARO
Signature and Typed or Printed Name of Signing Officer or Director
Date: Oct. 15, 1999
Daytime Phone #: 713-647-5700

CP25040 (8/95)