

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000018889

1. Corporation Name

FLAMINGO FORD, INC.

Principal Place of Business

Mailing Address

950 ECHO LANE
SUITE 350
HOUSTON TX 77024

950 ECHO LANE
SUITE 350
HOUSTON TX 77024

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1998

SP

5. FEI Number

59-3501408

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 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--C -10/19/99--01078--013 *****750.00 *****750.00
			900003018759--C -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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK R. TODARO

Oct. 15, 1999

Date

713-647-5700

Daytime Phone #

CP23040 (8/95)