

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 DEC 27 PM 4:53

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P980000018889

**1. Corporation Name**

Flamingo Ford, Inc.

**2. Principal Office Address**

950 Echo Lane

Suite, Apt. #, etc.

Suite 100

City & State

Houston, TX

Zip

77024

Country

USA

**3. Mailing Office Address**

950 Echo Lane

Suite, Apt. #, etc.

Suite 100

City & State

Houston, TX

Zip

77024

Country

USA

**REINSTATEMENT 2002**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

February 26, 1998

**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. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
**FL**

Zip Code  
33324

**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

*Connie Bryan*

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date **12/27/02**

**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
P/D	Scott L. Thompson	950 Echo Lane, #100	Houston, TX 77024
VP	H. Clifford Buster III	950 Echo Lane, #100	Houston, TX 77024
S	Beth Sibley	950 Echo Lane, #100	Houston, TX 77024
AS/D	J. Brooks O'Hara	950 Echo Lane, #100	Houston, TX 77024
AS	Teresa Coronado	950 Echo Lane, #100	Houston, TX 77024
AS	John M. Moore	8655 Pines Blvd.	Pembroke Pines, FL 33024

**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:**

*Beth Sibley*

Beth Sibley, Secretary

12/26/02

713-647-5763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #