

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000036275**

1. Corporation Name

FLATENN HK, INC.

Principal Place of Business

Mailing Address

2033 MAIN STREET, SUITE 101
SARASOTA FL 34237

2033 MAIN STREET, SUITE 101
SARASOTA FL 34237

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

5. FEI Number

65-1827768

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75- 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
PD	MARINKOVIC, ROLAND I	559 BEACH ROAD	SARASOTA FL 34242
VPD	STALLINGS, DEAN	3130 PERRY MAXWELL CIRCLE	SARASOTA FL 34240
ST, VPD	BEITLICH, PAUL D	2033 MAIN STREET, SUITE 101	SARASOTA FL 34237

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEITLICH, PAUL D
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237

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

REGISTERED AGENT MUST SIGN

Date

10-26-01

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

Date

Daytime Phone #

Roland I. Marinkovic, President

11-5-01

(941) 346-9925

FILED

01 NOV -8 PM12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)