


1 of 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
02 MAR 25 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040179

1. Corporation Name

FLAMINGO MANAGEMENT CORP.

05/30/01 90028 041 \$50.00
10/05/01 0629 002 100.00
10/05/01 01029 001 \$550.00

2. Principal Office Address		3. Mailing Office Address	
1051 COLLINS AVE		1051 COLLINS AVE #28	
Suite, Apt. #, etc. 28		Suite, Apt. #, etc. 28	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33139	Country USA	Zip 33139	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0833083	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
LOUIS TAIC % FLAMINGO MGMT CORP.
Street Address (P.O. Box Number is Not Acceptable)
1051 COLLINS AVENUE #28
Suite, Apt. #, Etc.
28
City
MIAMI
State
FL
Zip Code
33139

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

REGISTERED AGENT MUST SIGN

Date 3/14/02

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
	See attached		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/02 (305) 355-9966

CR2E081 (9/01)

UNIFORM BUSINESS REPORT (UBR)

204

DOCUMENT # P98000040179

1. Entity Name
FLAMINGO MANAGEMENT CORP.

Principal Place of Business
1674 MERIDIAN AVENUE SUITE 205
MIAMI BEACH FL 33139

Mailing Address
1674 MERIDIAN AVENUE SUITE 205
MIAMI BEACH FL 33139

2. Principal Place of Business
1051 COLLINS AVE
28
Miami Bch FL
33139 USA

3. Mailing Address
1051 COLLINS AVE
28
Miami Bch FL
33139 USA

DO NOT WRITE IN THIS SPACE
05/30/01 90028 041 \$50.00
4. FEI Number 65-0833083
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAIC, LOUIS
C/O FLAMINGO MANAGEMENT
1674 MERIDIAN AV., STE. 205
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TAIC, LOUIS	
STREET ADDRESS	1673 MERIDIAN AVENUE SUITE 205	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004624599-0
STREET ADDRESS	-10/05/01--01029--001
CITY-ST-ZIP	****550.00 ****550.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004624599-0
STREET ADDRESS	-10/05/01--01029--002
CITY-ST-ZIP	****100.00 ****100.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

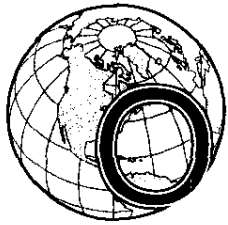
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CREATION PRICE

CR2E034 (5/01)



OMA

Owner Management Association, Inc.

3084

March 14, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Attention: Tyron Scott

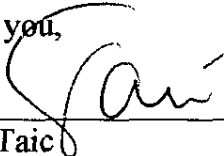
Dear Mr. Scott,

It has come to our attention we have been Dissolved. Attached you will find a copy of our filed Uniform Business Report (UBR). We have paid for this on October 2001. Attached you will see the copies of our canceled check. It is very imperative you change our address from your system. We are receiving all documents late or sometimes not receiving it at all. Please wave any fees assessed.

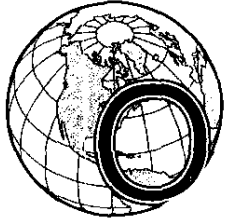
The total amount paid to Department of State is \$ 700.00. The original amount due is \$ 550.00. We have an overage of \$ 200.00. Please advise if this can go to a credit for our 2002 filing.

If you have any questions regarding this please contact our office.

Thank you,



Louis Taic
President



Owner Management Association, Inc.

4084

March 14, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Attention: Tyron Scott

Re: Change of Address

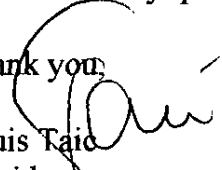
Dear Mr. Scott,

Please be advised we have changed our mailing address. We have not receive any documents from your department. Please forward all mail to:

Flamingo Management Corp C/O
Owners Management Association
1051 Collins Avenue
Suite # 28
Miami Beach, Florida 33139

If you have any questions please contact our office.

Thank you,


Louis Taio
President