

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 PM 2:25

DOCUMENT # P98000075379

1. Corporation Name

FLIPPERS, INC.

2. Principal Office Address

8364 Mills Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

USA

3. Mailing Office Address

8364 Mills Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

USA

REINSTATEMENT 99.00

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

8/28/98

5. FEI Number

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

IRWIN R. MOGERMAN

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

10040 S.W. 2nd Street

Suite, Apt. #, Etc.

City

Plantation, FL 33324

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

Irwin R. Mogerman

REGISTERED AGENT MUST SIGN

Date July 13, 2000

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	IRWIN R. MOGERMAN	8364 Mills Drive	Miami, FL 33183
VP	ANN BURRELL	8364 Mills Drive	Miami, FL 33183
VP/ S/T	JEFFREY CONDON	8364 Mills Drive	Miami, FL 33183

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

July 11, 2000

Date

(305) 273-0381

Daytime Phone #

CR2E081 (9/99)