

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



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

FILED

02 NOV 14 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075379

1. Corporation Name

FLIPPERS, INC.

Principal Place of Business

8364 MILLS DRIVE  
MIAMI FL 33183

Mailing Address

8364 MILLS DRIVE  
MIAMI FL 33183

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1998

5. FEI Number

NOT-APPLICABLE

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | MOGERMAN, IRWIN R                         | 8364 MILLS DRIVE                                       | MIAMI FL 33183          |
| V             | BURRELL, ANN                              | 8364 MILLS DRIVE                                       | MIAMI FL 33183          |
| VST           | CONDON, JEFFREY                           | 8364 MILLS DRIVE                                       | MIAMI FL 33183          |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

900008979199  
11/14/02--01010--011 \*\*150.00

8. Name and Address of Current Registered Agent

MOGERMAN, IRWIN R  
10040 S.W. 2ND STREET  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Irwin Moger*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/7/02

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:

*Irwin Moger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/02  
Date

954 557 6243  
Daytime Phone #

CR2E040 (8/02)

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**FLIPPERS, INC.**  
**8364 Mills Drive**  
**Miami, Florida 33183**  
**(305) 273-0381**

October 25, 2002

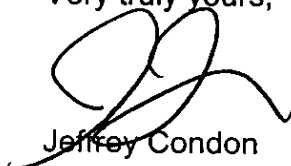
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of For Profit Corporation  
Flippers, Inc.  
P98000075379

To Whom It May Concern:

Please accept this as my sworn statement under oath that I have not received the annual renewal for the corporation for the year 2002. The business address has not changed and I am the only person who obtains the mail for the Corporation.

Very truly yours,



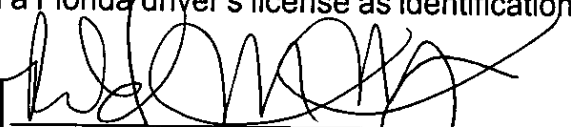
Jeffrey Condon

State of Florida     )  
County of Broward    )

Sworn and subscribed to before me this 25 day of October, 2002, by Jeffrey Condon who is [ ] personally known or [ ] has produced a Florida driver's license as identification.

[Notary Seal]

OFFICIAL NOTARY SEAL  
RICHARD M MOGERMAN  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC952741  
MY COMMISSION EXP. JULY 15, 2004



Notary Public  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_