PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 18 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034705

1. Corporation Name

FLAMMIA, INC.

REINSTATEMENT 00-02

2. Principal Office Address	**3.** Mailing Office Address
18050 OTTER WATER WAY	18050 OTTER WATER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALVA, FL	City & State: ALVA, FL
Zip: 33920 Country: USA	Zip: 33920 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 14, 1999

5. FEI Number: 43-1978733 ☐ 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: ANTHONY V FLAMMIA

Street Address (P.O. Box Number is Not Acceptable): 18050 OTTER WATER WAY

500008724295
10/31/02--01033--024 **10.75

Suite, Apt. #, Etc.

City: ALVA | State: FL | Zip Code: 33920

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: Anthony V Flammia — REGISTERED AGENT MUST SIGN — Date 10/17/02

CR2E081 (9/01)

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/T/S	ANTHONY V FLAMMIA	18050 OTTER WATER WAY	ALVA, FL 33920

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: Anthony V Flammia — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/17/02 — Daytime Phone # 239-693-5765

BD