

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:34

DOCUMENT # **P99000062948**

1. Corporation Name

FLAMINGO APARTMENTS, INC.

Principal Place of Business

4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

Mailing Address

4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802



REINSTATEMENT **00**

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

2. New Principal Office Address, If Applicable
Flamingo Apartments Inc.

3. New Mailing Office Address, If Applicable
Flamingo Apartments Inc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1999

Suite, Apt. #, etc.

DBA Pine Lakes Golf Club

Suite, Apt. #, etc.

DBA Pine Lakes Golf Club

City & State

153 Northside Dr. S.

City & State

153 Northside Dr. S.

Jacksonville

Country FL

Jacksonville

Country FL

32218

USA

32218

USA

5. FEI Number
22-3751933

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres/ Owner	Abe Vaknin	5 Cains Road	Suffren, NY 10901

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****750.00 ****750.00

AR 12/1

8. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-9-00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ABE VAKNIN

Date

11-9-00

Daytime Phone #

1-914-260-3665