PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000062948 **DOCUMENT#**

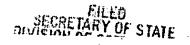
ABE VAKNIN

1. Corporation Name

FLAMINGO APARTMENTS, INC.

Principal Place of Business

Mailing Address



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4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802		4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802						
				Į	RFINS	TATEM	ENT	
	ncipal Office Address, If Applicable Ingo Apartments Inc	ts Inc.		orated or Qualified ness in Florida	07/15/	1999		
Suite, Apt. #	ne Lakes Golf Club	Suite, Apt. #, etc.	t.#, etc. Pine_Lakes_Golf_Club			r		Applied For
City & State		City & State	City & State			51933		Not Applicable
Jackson	rthside Dr. S. nville CountryFL	zdacksonville	153 Northside Dr. S. zwacksonville country FL			- 0- 0- 1- 1- 0- 0-0-0	\$8.75 Ad	ditional Fee required
2218	USA	32218	USA		CERTIFICATI	E OF STATUS DESIRED	for a C	ertificate of Status
	and Street Addresses of Each Officer and/	or Director (Florida nonpro	fit corporat	tions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director 4				Zip
Pres/	· I I = •		_					
Owner	er Abe Vaknin 5 Cain			Road Suffren, NY 1090				1
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	•					D0003 <u>4</u>	1977	742
						-12/05/	′00018°	72022
					الم م	****75	.0.80 *×	***750.00
			_		Hr 1sh			
	8. Name and Address of Current I	Name and Address of New Registered Agent						
				Name				
	BERG EXCELSIOR CORPORATE SER	VICES, INC		Street Address (P.O. Box Number is Not Acceptable)				CR7FG40 (8/00)
	OLD WINTER GARDEN ROAD		Suite, Apt. #, Etc.					
UHLAN	NDO FL 32802							
				City			State Zip	Code
10. I, being	appointed the registered agent of the also	ve named comporation, any	familia wi	th and accept the o	bligations of Sec	tion 607.0505, F.S.		
Signature o	day lar. In					Date 11-	9 00	
Registered		GISTERED AGENT MUST	T SIGN			Date	, ,	
•								
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, any my signature shall have the same legal effect as if made under oath.								
	11				>			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #								

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