

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000102293

FILED  
Oct 21, 2009  
Secretary of State

Entity Name: FLEXABLE PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

4442 NW 203RD STREET  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4442 NW 203RD STREET  
OPA-LOCKA, FL 33055

**New Mailing Address:**

FEI Number: 65-0964747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMATHERS, TIMOTHY A SR.  
4442 NW 203RD ST.  
OPA-LOCKA, FL 33055 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY SMATHERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMATHERS, TIMOTHY A SR.  
Address: 442 NW 103RD STREET  
City-St-Zip: OPA LOCKA, FL 33055

Title: VP ( ) Delete  
Name: SMATHERS, TIMOTHY H JR  
Address: 1854 NW 204 ST  
City-St-Zip: OPA LOCKA, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY SMATHERS

Electronic Signature of Signing Officer or Director

P

10/21/2009

Date