

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 27 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000102293

1. Corporation Name

FLEXIBLE PROPERTY MANAGEMENT, INC.
4442 NW 203RD STREET
OPA-LOCKA, FLA. 33055-1547

2. Principal Office Address

2121 NW 139th St. Bay-12

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FLORIDA

Zip

33055

Country

USA

3. Mailing Office Address

4442 NW 203rd. Street

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FLA. 33055

Zip

33055-1547

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1999

5. FEI Number

65-0964747

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

\$236.25

11/18/02 01283 0005

7. Name and Address of Current Registered Agent

Name

TIMOTHY SMATHERS

Street Address (P.O. Box Number is Not Acceptable)

4442 NW 203RD STREET

Suite, Apt. #, Etc.

City

OPA-LOCKA

State

FL

Zip Code

33055-1547

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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

Timothy Smathers
REGISTERED AGENT MUST SIGN

Date 12/29/2002

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	TIMOTHY SMATHERS	4442 NW 203RD STREET	OPA-LOCKA, FLA. 33055
V	Raymond Boswell	2121 NW 139th St. Bay-12	OPA-LOCKA, FLA. 33055

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)(f), 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:

Timothy Smathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2002 (786)290-9040
Date Daytime Phone #

CR2E081 (9/01)

**DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

December 29, 2002

**FLEXABLE PROPERTY MANAGEMENT, INC.
4442 NW 203rd Street
Opa-Locka, Florida 33055-1547**

**RE: DOCUMENT #P99000102293
NOTICE OF ADMINISTRATIVE DISSOLUTION OF REVOCATION**

~~This letter is to inform you that I Timothy Smathers, President of Flexible Property Management, Inc. was unable to file my report prior to October, 2002 because I never received the 2002 Annual Report/Uniform Business Report in the mail.~~

I have not been receiving some of my mail due to a mix up with the U.S. Postal Service delivering it to the neighbor located on the next block, because of the similarity of our house address. Their address is 4442 NW 203rd Terrace and my house is located on 203rd Street. For that reason, a lot of my mail is undelivered if they don't forward it to me.

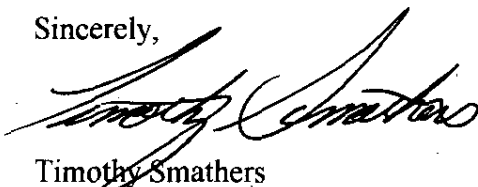
I am requesting your assistance in verifying the address you have on file for me. The correct mailing address for my business is the same as listed above:

**Timothy Smathers
Flexible Property Management, Inc.
4442 NW 203rd Street
Opa-locka, Florida 33055**

~~Please assist me in rectifying this problem so I can have my Corporation Reinstated as soon as possible.~~

~~Thanks in advance for your assistance in this matter. If any additional information is needed, please feel free to contact me at (786) 290-9040 or write me at the address listed below.~~

Sincerely,



Timothy Smathers
President