

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 DEC 20 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S29808**
1. Corporation Name
FLAMINGO ACQUISITIONS INC

2. Principal Office Address
1601 N Sepulveda Blvd
Suite, Apt. #, etc.
214
City & State
MANHATTEN Bch CA
Zip
90266 Country
USA

3. Mailing Office Address
1601 N Sepulveda Blvd
Suite, Apt. #, etc.
214
City & State
MANHATTEN Bch
Zip
CA Country
USA

300009618363
02/20/02--01057--007 **900.00
REINSTATEMENT
4. Date Incorporated or Qualified To Do Business in Florida **2/6/91**
5. FEI Number **65-0244995**
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kenneth C. BRONCHICK
Street Address (P.O. Box Number is Not Acceptable)
100 W. Cypress Creek Road
Suite, Apt. #, Etc.
Suite 910
City
Ft. Lauderdale

State
FL Zip Code
33309

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

[Signature]

Date **11/12/02**

REGISTERED AGENT MUST SIGN

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
Pres	Phyllis Rockowen	1601 N Sepulveda Blvd	MANHATTEN Bch CA 90266
			AL 12/24

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02 310-371-6364

Date

Daytime Phone #