PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

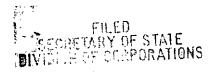
DIVISION OF CORPORATIONS

## DOCUMENT #

S86594

1. Corporation Name

## FLAGLER CENTER INC.



00 JAN 14 PM 4: 29

Principal Pla	ace of Busine	SS	Mailing Addr	Mailing Address			•			
350 WEST FLAGLER STREET MIAMI FL 33130				350 WEST FLAGLER STREET MIAMI FL 33130						
If above as	Idrosses are	incorrect in any way line th	rough incorrect in	nformation and ent	ter correction below	MSTA	TEWEN		29	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ng Office Address, If Applicable		4. Date Incorp	orated or Qualified	E March L. L. Laborto	Chin & Can L	
			<u> </u>	Suite, Apt. #, etc.			ness in Florida	10/10/1	1991	
Suite, Apt. #, etc.			Suite, Apt. #,			5. FEI Number			Applied For	
City & State			City & State	City & State				Not Applicable		
Zip Country		Country	Zip	Zip Countr		6. CERTIFICATE OF STATUS DESIRE		Leneu		
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprofit corp	porations must list at lea	ast 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors 2					et Address of Each licer and/or Director		City / State / Zip		
- DP3	SWARITZ, PETER A.			<del>350 W FLAGLER ST</del> .			MIAMI FL-			
Sec.	Franc	ene Swartz		25 SE 2 I	Ave., Suite		Miami, FL 3  DOOO31  -01/24/0  ****750	0740 0-0101	083 <del>1-005</del> **750.00	
	8 Nan	ne and Address of Curren	t Registered Age	ent	<u> </u>	9. Name and Address of New Registered Agent				
350 W MIAM	IZ, PETER FL 33130	ST.	- 1 da		Name  Marcia T. Dunn, Trustee Street Address (P.O. Box Number is Not Acceptable)  3785 NW 82 Ave.  Suite, Apt. #, Etc.  Suite 117  City Miami  with and accept the obligations of Section 607.0505, F.S.					
Signature o Registered	Agent	//faring	EGISTERED AC	ENT MUST SIGN		recomp	Date	// //		
11. I certify this rein	that I am an statement ap	officer or director or the reciplication, the reason for dis	eiver or trustee e ssolution has beer	mpowered to exec n eliminated, the co	cute this application as orporate name satisfies	provided for in chast the requirements	apter 607 or 617, F.S. s of section 607.0401 o	I further certify or 617.0401, F	y that when filing .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.