

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 14 PM 4:29

DOCUMENT # **S86594**

1. Corporation Name

FLAGLER CENTER INC.

Principal Place of Business

Mailing Address

350 WEST FLAGLER STREET
MIAMI FL 33130

350 WEST FLAGLER STREET
MIAMI FL 33130



REINSTATEMENT

89

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0294104

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	SWARTZ, PETER A.	350 W FLAGLER ST.	MIAMI FL
Pres.	Marcia T. Dunn, Trustee	3785 N.W. 82 Ave., Suite 117	Miami, FL 33166
Sec.	Francene Swartz	c/o Barbara Phillips, Esq. 25 SE 2 Ave., Suite 1139	Miami, FL 33131

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01/24/00 01011 005

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SWARTZ, PETER A.~~
~~350 W. FLAGLER ST.~~
~~MIAMI FL 33130~~

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

State
FL

Zip Code
33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Marcia T. Dunn, Trustee, President
REGISTERED AGENT MUST SIGN

Date 11/17/99

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, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia T. Dunn, Trustee, President

11/17/99 305 5928868

Date

Daytime Phone #