

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V34506**

1. Corporation Name

**FLASH-LOCK CORPORATION**

Principal Place of Business

1135 53RD COURT NORTH  
WEST PALM BEACH FL 33407

Mailing Address

~~1135 53RD COURT NORTH~~  
~~WEST PALM BEACH FL 33407~~

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

Suite, Apt. #, etc.

1333 53 ST

City & State

West Palm Beach FL

Zip

33407

Country

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/1992

5. FEI Number

65-0428325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
P	CAMERON, DON	8394 MAN-O-WAR RD.	PALM BEACH GARDENS FL

200003021082--5  
-10/21/99--01070--021  
\*\*\*\*750.00 \*\*\*\*750.00

10/13/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMERON, DON

1135 53RD COURT N.

WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/13/99

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

*[Signature]*  
DON CAMERON

Date

10/13/99

Daytime Phone #

521  
848 0333

CR2040 (8/99)