

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 NOV -5 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V70020

**1. Corporation Name**

FLAMINGO WORLD TRAVEL, INC.

P.O. BOX 922

P.O. BOX 922

**2. Principal Office Address**

P.O. BOX 922

Suite, Apt. #, etc.

City & State

RUSKIN, FL

Zip

33575

Country

USA

**3. Mailing Office Address**

P.O. BOX 922

Suite, Apt. #, etc.

City & State

RUSKIN, FL

Zip

33575

Country

USA

**REINSTATEMENT** 02-04

**4. Date Incorporated or Qualified**

To Do Business in Florida - 10/5/92

**5. FEI Number**

59-3145979

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SHIRLEY HUBER

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

105 4TH STREET N.W.

Suite, Apt. #, Etc.

City

RUSKIN

State

FL

Zip Code

33570

**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

*Shirley Huber*

Date 11-3-04

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
PST	HUBER, SHIRLEY	105 4TH STREET N.W.	RUSKIN, FL 33570
V	HUBER, TERENCE M.	105 4TH STREET N.W.	RUSKIN, FL 33570

**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:

*Shirley Huber* Shirley Huber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-04 813 645 6481

Daytime Phone #

CR2E081 (01/04)