**2024 FLORIDA PROFIT CORPORATION REINSTATEMENT**

**FILED**
**Oct 22, 2024**
**Secretary of State**
**6145820723CR**

DOCUMENT# P21000017379

**Entity Name:** FLAVCITY CORP.

**Current Principal Place of Business:**

6586 W ATLANTIC AVE #1008
DELRAY BEACH, FL 33446

**Current Mailing Address:**

6586 W ATLANTIC AVE #1008
DELRAY BEACH, FL 33446 US

**FEI Number: 86-2316729**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARRISH, ROBERT
8786 SKYWARD ST
BOCA RATON, FL 33496 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: ROBERT PARRISH 10/22/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P,D | Title | T,S |
| Name | PARRISH, ROBERT | Name | PARRISH, ROBERT |
| Address | 6586 W ATLANTIC AVE #1008 | Address | 6586 W ATLANTIC AVE #1008 |
| City-State-Zip: | DELRAY BEACH FL 33446 | City-State-Zip: | DELRAY BEACH FL 33446 |

| | |
|---|---|
| Title | D, |
| Name | PARRISH, DESSISLAVA |
| Address | 6586 W ATLANTIC AVE #1008 |
| City-State-Zip: | DELRAY BEACH FL 33446 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ROBERT PARRISH MANAGER 10/22/2024

Electronic Signature of Signing Officer/Director Detail — Date