

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 30 AM 9:37

DOCUMENT # P00000014770

1. Corporation Name

Enchanted Spirit Inc.

2. Principal Office Address

4500 Royal Palm Ave

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

10178 Collins Ave

Suite, Apt. #, etc.

APT # 110

City & State

Bal Harbour, FL

Zip

33154

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/2000

5. FEI Number

65-0995763

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

Stanley Guttman

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

10178 Collins Avenue

Suite, Apt. #, Etc.

APT # 110

City

Bal Harbour

State

FL

Zip Code

33154

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

Stanley Guttman

REGISTERED AGENT MUST SIGN

Date

12/27/05

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
President	Stanley Guttman	10178 Collins Avenue APT # 110	Bal Harbour, FL 33154
Secretary	Barbara Guttman	4500 Royal Palm Avenue	Miami Beach, FL 33140
Treasurer			

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:

Stanley Guttman

Stanley Guttman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/05 (305)865-6393

Daytime Phone #

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Dec 27, 2005

To whom it may concern;

I wish to reinstate Enchanted Spirit Inc.  
I am requesting that the \$600.00  
reinstatement fee be waived. James  
Bollettieri was the president of the corporation  
at this time. He claims he never received  
the bills for the annual fee. Thank you  
for your attention to this matter.

FET # 65-0995763

Stanley Juttman

10178 Collins Ave  
APT #110  
Bal Harbour, FL  
33154