

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

58 MAY -8 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 308043

Corporation Name

1830 ENTERPRISES INC.

Principal Place of Business	Mailing Address
420 SW 8th Avenue Miami, Florida 33130	420 SW 8th Avenue Miami, Florida 33130

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address - If Applicable Same as above	3. New Mailing Office Address, if Applicable Same as above	4. Date incorporated or Qualified To Do Business in Florida August 11, 1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3202792
City & State	City & State	Applied For Not Applicable
Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See 79-1. Additional form required for Certificate of Status.</small>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	CAPOTE, Alberto E.	420 SW 8th Avenue	Miami, Florida 33130

**REINSTATEMENT** 95-98  
A. Capote  
5/8/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOSE M. MARQUEZ, Attorney at Law 782 NW LeJeune Road Suite 548 Miami, Florida 33126	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City

10. I am hereby appointing 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: *Jose M. Marquez* Jose M. Marquez, Esq. Date: 05/06/98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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 reasons for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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: *A. Capote* Alberto E. Capote President ✓ 05/06/98 ✓ (305) 545-7866

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone