

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAR -7 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 485868

1. Corporation Name

BYR ENTERPRISES, INC.

W-5184

2. Principal Office Address

3729 SW 8 STREET

3. Mailing Office Address

3729 SW 8 STREET

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip -

33134

Country

U.S.

Zip

33134

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

9-15-75

5. FEI Number

59-1619032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

94-00

7. Name and Address of Current Registered Agent

Name

ENRIQUE BALAQUER

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

5841 SW 13 STREET

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33144

600003170486-3

-03/15/00--01013--029

\*\*\*1650.75 \*\*\*1650.75

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2-21-00

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
P	ENRIQUE BALAQUER	5841 SW 13 STREET MIAMI, FLORIDA 33144	MIAMI, FLORIDA 33144
			Adm - 1500.00
			AR - 61.25
			ARSUPP - 88.75
			KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE BALAQUER

2-21-00

Date

(305) 442-0437

Daytime Phone #