

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



96-99AR  
Sandra L. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

Pg 1

1999 SEP 17 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 566453

1. Corporation Name

EPONLU INC.  
1800 N.E. 114th STREET, # 1806  
NORTH MIAMI, FLA 33181

Principal Place of Business

Mailing Address

N/A

15201 S.W. 87th Ct.  
MIAMI, FLA 33157

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

February 22, 1978

State, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

N/A

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title (e.g., President, Secretary, Treasurer, etc.)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

City / State / Zip

P/D

ENRIQUE PONCE

1800 N.E. 114 St. # 1806 MIAMI, FLA 33181

300002993663--7  
-09/22/99-01047-005  
\*\*\*\*\*665.00 \*\*\*\*\*665.00

300002993663--7  
-09/22/99-01047-006  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

PATRICIA CHAVEZ

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

15201 S.W. 87th Ct.

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33157

10. I, being appointed 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

*Patricia Chavez*  
PATRICIA CHAVEZ

REGISTERED AGENT MUST SIGN

Date 2-20-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: ENRIQUE PONCE - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #