

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 FEB -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **617191**

1. Corporation Name

ENSEMBLES, INC.

Principal Place of Business

Mailing Address

3201 NE 14TH ST
#802
POMPANO BCH. FL 33062
US

P O BOX 3026
POMPANO BEACH FL 33072

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

04/12/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2195850

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

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
PD	BERES, RICHARD A.	3201 NE 14TH ST. #802	POMPANO BEACH FL
STD	RAHAL, BEVERLY	3201 NE 14TH ST., #802	POMPANO BEACH FL
STD	BERES, RICHARD J.	6567 THOUSAND PINES CT	WEST PALM BEACH FL
V	WILKINS, TODD C.	7794 NEMEC DR., S.	W. PALM BCH. FL
			800002080818--6 -02/06/97-01130-015 ***923.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KLEIN, EDWARD ESQ.~~
~~1322 NE 4TH AVE~~
~~SUITE E~~
~~FT. LAUDERDALE FL 33304~~

Name
RICHARD A BERES
Street Address (P.O. Box Number is Not Acceptable)
3201 NE 14TH ST
Suite, Apt. #, Etc.
802
City
POMPANO BCH
State
FL
Zip Code
33062

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

REGISTERED AGENT MUST SIGN

Date **2-1-97**

11. 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.)

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)(l), 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

2-1-97

Date

954-785-8662

Daytime Phone #

CP2E040 (7/96)