

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

97 FEB 17 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *97-97*

DOCUMENT # 849698

1. Corporation Name
EDILBERTO ENTERPRISES, INC.

Principal Place of Business
6020 West 14 Court
Hialeah Florida 33012

Mailing Address
6020 West 14 Curt
Hialeah Flodida 33012

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

2. New Principal Office Address, If Applicable 6020 West 14 Court Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 6020 West 14 Court Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7-13-81	
City & State Hialeah Florida		City & State Hialeah Florida		5. FEI Number 52-1227265	
Zip 33012		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	RAMIRES DE CORDERO MARIA	6020 West 14 Court	Hialeah Florida 33012
V	CORDERO, M. JESUS	6020 West 14 Court	Hialeah Florida 33012
D	Antillean Management Corp.	P.O. BOX 305 N/A	Curacao Netherlands
D	LILA E. CRUZ	6020 West 14 Court	Hialeah Florida 33012
		900002090469--5	900002090469--5
		-02/18/97--01040--009	-02/18/97--01040--009
		*****8.75 *****8.75	*****8.75 *****8.75

8. Name and Address of Current Registered Agent LILA E. CRUZ 6020 West 14 Court Hialeah Florida 33012		9. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number, If Applicable) -02/18/97--01040--009 Suite, Apt. #, Etc. *****8.75 *****8.75 City FL Zip Code	
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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 *Lila E. Cruz* Date JANUARY 29, 1997

REGISTERED AGENT MUST SIGN

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)(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: *Maria Ramires de Cordero* Maria Ramires de Cordero 1-29-97 (305)826-0781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date