

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 DEC -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00086**

1. Corporation Name
E & N MANAGEMENT, INC.

Principal Place of Business 1201 S. OCEAN DR. APT. 1611 SOUTH HOLLYWOOD BEACH FL 33019 US	Mailing Address 1201 S. OCEAN DR. APT. 1611 SOUTH HOLLYWOOD BEACH FL 33019 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 97

5. FEI Number **59-2025445**

Applied For
Not Applicable

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	KUBITZ, EUGENE	1201 S. OCEAN DR., APT. #1611 SO	HOLLYWOOD BEACH FL 33019
STD	KUBITZ, NORMAN	1201 S. OCEAN DR., APT. #2511 SO	HOLLYWOOD BEACH FL

7000002375857-9
-12/17/97-01113-025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KUBITZ, EUGENE
1201 S. OCEAN DR.
APT. #1611 SOUTH
HOLLYWOOD BEACH FL 33019

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *Eugene Kubitz*
REGISTERED AGENT MUST SIGN

Date *11/17/97*

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: *Eugene Kubitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eugene Kubitz

Date *11/17/97*
Daytime Phone #

CPRE040 (8/97)