

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 797000001619

1. Corporation Name

ENVIOS R.D. CORP.

Principal Place of Business

Mailing Address

3825 Broadway Avenue  
New York, NY 10032-1510

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

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

March 31, 1997

5. FEI Number

13-3749486

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Rodger Zepka	24 Sinclair Road	Edison, NJ 08820

700002855187-0  
04/28/93-01048-010  
\*\*\*\*308.75 \*\*\*\*308.75

REINSTATEMENT

98-99 B 4/21/99

8. Name and Address of Current Registered Agent

Donald J. Thomas  
4730 NW Boca Raton Blvd.  
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name  
LEONCIO E. DE LA PENA, ESQUIRE  
Street Address (P.O. Box Number is Not Acceptable)  
601 BRICKELL KEY DRIVE  
Suite, Apt. #, Etc  
SUITE 705  
City  
Miami  
State  
FL  
Zip Code  
33131

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

Leoncio E. De La Pena

REGISTERED AGENT MUST SIGN

Date 02/08/99

11. This corporation owes 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:

Rodger Zepka, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 (212) 928-4400