

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 9:47

FILED IN FLORIDA

900181571659
06/01/10-01066-007 \$300.00

REINSTATEMENT 09-1D
CR2E081 (4/10)

DOCUMENT # **K 11653**

1. Corporation Name

ANTEQUERA ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

5520 NW 77 CT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33073

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1988

5. FEI Number

65-0056516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE R ANTEQUERA

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

5520 NW 77 CT

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33073

PROFIT CORPORATIONS ONLY

☒ The \$800.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

/

Date

/

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	JOSE R ANTEQUERA	5520 NW 77 TH CT	POMPANO BEACH, FL 33073
VS	CAROLINA ANTEQUERA	5520 NW 77 TH CT	POMPANO BEACH, FL 33073

10. E-mail Address: **dave@hirschcpas.com**

(To be used for future annual report notification)

11. 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. I further certify, 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]

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

/ 5/26/10 . 954.481.9369

Day

Daytime Phone #

6/320