

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -2 AM 8:00

DOCUMENT # K53803

1. Corporation Name

ENOZ, INC.

Principal Place of Business

Mailing Address

4600 CEDARHILL ROAD
COCONUT CREEK FL 33066
US

4600 CEDARHILL ROAD
COCONUT CREEK FL 33066
US

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

2. New Principal Office Address, If Applicable

~~4625 CEDARHILL ROAD~~

3. New Mailing Office Address, If Applicable

~~4625 CEDARHILL ROAD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~COCONUT CREEK, FL~~

City & State

~~COCONUT CREEK, FL~~

Zip

~~33066~~

Country

~~BROWARD~~

Zip

~~33066~~

Country

~~BROWARD~~

REINSTATEMENT 03-04

MRS



900026409529

01/08/04--01007--011 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1988

5. FEI Number

65-0092783

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 3	City / State / Zip 4
P	RITZ, EMILIE F	4625 4600 CEDARHILL RD	COCONUT CREEK FL 33063
V	MERKL, PETER E	2251 NE 44TH ST	LIGHTHOUSE POINT FL 33062

900026409529

02/02/04--01061--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERKL, PETER

~~2251 N.E. 44TH STREET~~

~~LIGHTHOUSE POINT FL 33062~~

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-14-04

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 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:

SIGNATURE

EMILIE RITZ,

12-31-03

954/972-6201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARTNER

Date

Daytime Phone #