

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 22 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000011235

1. Corporation Name

OTHELLO ENTERPRISES, INC.

Principal Place of Business

P O BOX 552545
MIAMI FL 33055

Mailing Address

P O BOX 552545
MIAMI FL 33055



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

2. New Principal Office Address, If Applicable

Same AS ABOVE

3. New Mailing Office Address, If Applicable

Same AS ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	JAVILL BYRON	PO BOX 552545 MIAMI, FL 33055	MIAMI FL 33055
200004672912--3 -11/08/01--01070--005 ****150.00 ****150.00			
			
			
			
			

8. Name and Address of Current Registered Agent

BYRON, JAVILLE
19310 NW 41 AVE
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name N/A
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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/17/01

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

Date

10/19/01

Daytime Phone #

305-388-1710

CR2040 (8/01)

From the desk of Javill Byron

To: Department of state
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

This is a statement in response to the recent revocation of the corporation name **Othello Enterprises, Inc: document number P00000011235**. I called on 2 occasions for not receiving the uniform business filing package. I was told that it was "in the mail." I never received anything from your office before this revocation notice. The corporation has been profit inactive throughout this time because of the planning still involved in starting it. I also called a third time, (after the revocation notice), at which time I was informed to write this letter. This business means a lot to me and my initial out lay to get it started was great. Please do not penalize me for a minor flaw with the United States Postal Services.

Thank you for understanding.

Javill Byron, President