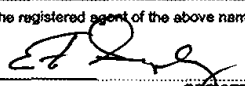
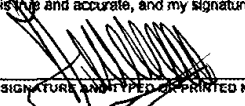


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 21 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P00000011788 1. Corporation Name ENA CORPORATION				
2. Principal Office Address C/O ERNESTO GONZALEZ CPA, PA 2655 LEJEUNE RD Suite, Apt. #, etc. SUITE PH 2-B City & State CORAL GABLES, FL Zip 33134		3. Mailing Office Address C/O ERNESTO GONZALEZ CPA, PA 2655 LEJEUNE ROAD Suite, Apt. #, etc. SUITE PH 2B City & State CORAL GABLES, FL Zip 33134		
		4. Date incorporated or Qualified To Do Business in Florida 2/3/00		
		5. FEI Number 65-0991088 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 ERNESTO GONZALEZ CPA Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD Suite, Apt. #, Etc. SUITE PH-2B City CORAL GABLES State FL Zip Code 33134				
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 11/16/01 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	
PVS	LUIS R. VIOLA	2655 LEJEUNE ROAD	SUITE PH-2B CORAL GABLES, FL 33134	
T	CAROLA MONTI	2655 LEJEUNE ROAD	SUITE PH-2B CORAL GABLES, FL 33134	
10. 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: 		Date 11/16/01 305-379-1819 Daytime Phone #		

CORP-2001 (9/00)