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

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
C/O ERNESTO GONZALEZ CPA, PA 2655 LEJEUNE RD	C/O ERNESTO GONZALEZ CPA, PA 2655 LEJEUNE ROAD
Suite, Apt. #, etc. SUITE PH 2-B	Suite, Apt. #, etc. SUITE PH 2B
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip / Country 33134 / U.S.A.	Zip / Country 33134 / U.S.A.

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

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****750.00 ****750.00

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

CR2E081 (9/00)

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: _____ Luis R. Viola 11/16/01 305-379-1819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #