

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/12/02--01103--007 **150.00

DOCUMENT # P00000024979

1. Corporation Name

LENDI ENTERPRISE, INC.

Principal Place of Business

10996 PEMBROKE RD.
MIRAMAR FL 33025
US

Mailing Address

10996 PEMBROKE RD.
MIRAMAR FL 33025
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2000

5. FEI Number

65-0989390

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
D	PAROD, ENRIQUE PARDO, ENRIQUE	733 SW 110TH LANE APT. 22-102	PEMBROKE PINES FL 33025
		12735 SW 22nd St. Miramar FL 33027	

8. Name and Address of Current Registered Agent

PARDO, ENRIQUE

14996 SW 97TH STREET
MIAMI FL 33186

12735 SW 22nd St.
Miramar FL 33027

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

(954) 536-7553

SIGNATURE:

SIGNATURE REQUIRED
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique Pardo 11/05/02

Date

Daytime Phone #

LENDI ENTERPRISES, INC.

10996 PEMBROKE RD.
MIRAMAR, FLORIDA 33025
TEL. (954)538-0227

Department of State
Division of Corporations
PO Box 6327
Tallahassee Fl. 32414-6327

To whom it may concern:

The purpose of this letter is to file our UBR and to request a reinstatement fee waiver. Our request is because we did not receive the two prior uniform business report.

We are including a check for \$150.00. Document # P00000024979

Thank you


Enrique Pardo
Owner