

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 MAY 22 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000077216**

1. Corporation Name

**NELSON ENRIQUEZ P.I.**

**000006071840--0**

**-06/27/02--01071--001**

**\*\*\*\*305.00 \*\*\*\*300.00**

2. Principal Office Address

**2310 West Flager St.**

Suite, Apt. #, etc.

-

City & State

**Miami, FL**

Zip

**33135**

Country

**USA**

3. Mailing Office Address

**8601 SW 94th St.**

Suite, Apt. #, etc.

**125W**

City & State

**Miami FL**

Zip

**33156**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/15/2000**

5. FEI Number

**65-1034593**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

**Nelson Enriquez**

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

**8601 SW 94th Street Apt. 125W**

Suite, Apt. #, Etc.

**Apartment 125W**

City

**Miami**

State  
**FL**

Zip Code

**33156**

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

REGISTERED AGENT MUST SIGN

Date **05/17/02**

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
P	Nelson Enriquez	8601 SW 94th Street 125W	MIami FL 33156
		201.25 - AR	
		10.00 - AR ARTS	
		88.75 - AR 88P	

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:

**Nelson Enriquez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/17,2002**

Date

**305 642 2210**

Daytime Phone #

Zabz

**NELSON ENRIQUEZ, P.I.**

8601 SW 94 ST # 125-W

Miami, Florida 33156

305-642-2210

[www.nelsonenriquez.com](http://www.nelsonenriquez.com)

Lic. A 2000249

May 17, 2002

Department of State  
Division of Corporations  
P.O. Box 6327,  
Tallahassee, FL 32314

Reference: Corporation Reinstatement

Attached please find Corporation Reinstatement and check No. 1125, in the amount of Three-hundred and five dollars and 00/00 (\$305.00), as well as the Uniform Business Report for profit corporation.

Unfortunately, even though that we register with the mail the new address, we did not receive the formularies for the necessary renewal of the corporation. To my surprise, when I went to apply for the Occupational License, on May 13, 2002, they informed that the corporation has been dissolved. They told me to apply for reinstatement and later on for the new occupational license.

I will appreciate it very if you wave the fee and accept the payment of \$300.00 to reinstate my corporation.

If you need any other document you may contact me at 8601 SW 94th Street, Apartment 125W, Miami, FL 33156.

Thanking you in advance for your attention,

Regards,

  
Nelson Enriquez