

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096294

1. Corporation Name

E.N.G. MANUFACTURING, INC.

Principal Place of Business

Mailing Address

716 WESLEY AVE
UNIT 1
TARPON SPRINGS FL 34689

1013 PENINSULAR AVE
TARPON SPRINGS FL 34689

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3684835

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GINNIS, EMANUEL N	1013 PENINSULAR AVE	TARPON SPRINGS FL 34689
			400025688694 12/22/03--01063--017 **150.00
			400025688694 02/09/04--01012--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, LARRY J
2739 US HWY 19, STE 223
HOLIDAY FL 34691

Name

LARRY J. GONZALEZ

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

2655 McCormick Dr

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

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

Larry J. Gonzalez

REGISTERED AGENT MUST SIGN

Date

11/1/2003

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

Emanuel N. Ginnis
Emanuel N Ginnis

10/17/03

Date

727-943868

Daytime Phone #



MANUFACTURING, INC.

716 WESLEY AVE

TARPON SPRINGS, FL 34689

PH. 727-942-3868

FAX. 727-942-6723

DEAR SEAN TONER,

----- PLEASE WAIVE THE 600.00 REINSTATEMENT FEE. WE -----
DID NOT RECEIVE THE ANNUAL REPORT FOR NOTICE. WE
HAVE NOW MARKED OUR CALENDAR SO THAT IF
ANYTHING LIKE THIS HAPPENS AGAIN WE WILL CALL YOUR
OFFICE AND REQUEST AN ANNUAL REPORT TO COME TO US.

THANK YOU,

E.N.G. MANUFACTURING, INC.