

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000111226**

**1. Corporation Name**

FOUNDATION ENTERPRISER SL, INC.

**2. Principal Office Address**

17440 SW 110TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

MIAMI-DADE

**3. Mailing Office Address**

17440 SW 110TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

MIAMI-DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-1060129

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

ARIEL JUSTO

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

17440 SW 110TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

**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

[Signature]

Date JAN 21, 2003

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
PSTD	ARIEL JUSTO	17440 SW 110TH AVENUE	MIAMI, FL 33157
		REINSTATEMENT 02-03-178	

**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:** X

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2003

Date

Daytime Phone #