

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000014339

1. Corporation Name

FIG ENTERPRISES, INC.

Principal Place of Business

4761 NW 89TH PLACE
MIAMI FL 33178

Mailing Address

4761 NW 89TH PLACE
MIAMI FL 33178

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2001

5. FEI Number

☒ Applied For☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐55.00 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
PTD	FIGUEROA, RAMON	4761 NW 89TH PLACE	MIAMI FL 33178
SVD	TORRES, GLORIA	4761 NW 89TH PLACE	MIAMI FL 33178

000008778780
11/04/02--01033--038 **150.00

8. Name and Address of Current Registered Agent

FIGUEROA, RAMON
4761 NW 89TH PLACE
MIAMI FL 33178

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. or 617.0605, 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)(d), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

232

F.I.G. ENTERPRISES, INC.
4761 NW 98TH PLACE
MIAMI, FLORIDA 33178

Doc. # P01000014339

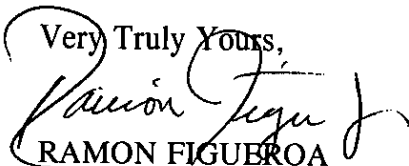
October 29, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happen, so your office could review my case and attached a \$150.00 check with the annual report. A few days ago a received the annual report but this one is a little bit different, but any way I'm sending it to your office the way I was instructed by your office. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours,


RAMON FIGUEROA
President