

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000014339

1. Corporation Name

FIG Enterprises Inc

2. Principal Office Address - No P.O. Box #

7955 NW 12 Street

3. Mailing Office Address

PO Box 260665

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33126

Country

USA

Zip

33126-0013

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

63-1075833

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
Ramon Figueroa

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

7955 NW 12 Street

Suite, Apt. #, Etc.

400

City
Miami,

State
FL

Zip Code
33126

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
PTD	Ramon Figueroa	7955 NW 12 Street #400	Miami, Florida 33126
SVD	Gloria Torres	7955 NW 12 Street #400	Miami, Florida 33126

REINSTATEMENT

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #