

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019845

1. Corporation Name

E & J BOBCAT, INC.

REINSTATEMENT 03-04

2. Principal Office Address

E 85 BOBCATS INC

Suite, Apt. #, etc.

3. Mailing Office Address

3320 S.W 16CT

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale

Zip

Country

Zip

Country

33312

BROWARD.

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/2001

5. FEI Number

65-1095347

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

ENMA E HANDAL

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

3320 S.W 16CT.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312.

800030473728
03/15/04--01048--010 **300.00

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

Enma Handal

REGISTERED AGENT MUST SIGN

Date

3-9-04

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
President	ENMA E. HANDAL	3320 S.W 16CT	Ft. Lauderdale FL 33312

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:

Enma Handal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-04 954-584-7123

CR2ENR1 (01/04)

Enma Handal
3320 SW 16th Court
Ft. Lauderdale, FL 33312

March 10, 2004

Division of Corporation
Uniform Business Reporting Filing
P.O. Box 1500

Re: Doc# P01000019845

To Whom It May Concern:

This letter is to request a reinstatement of the
above referenced corporation. Additionally, please
~~waive the reinstatement fee, as the~~
Renewal Notice was never received.

Thankyou for your assistance in this matter.
Should have any question, please feel free to
contact me.

Sincerely,

Enma Handal