

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 17 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030403

1. Corporation Name

C. P. H. ENTERPRISES, INC.

2. Principal Office Address

398 LAKEVIEW DR

Suite, Apt. #, etc.

201

City & State

WESTON, FL

Zip

33326

Country

U.S.A.

3. Mailing Office Address

C/O. BWT BUSINESS ADVISERS

Suite, Apt. #, etc.

9050 PINES BLVD. Suite 450

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

4. Date Incorporated or Qualified

-To Do Business in Florida

03-20-2001

5. FEI Number

65-1091280

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

BORTOLIN & ASSOCIATES, P.A.

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

524 S. ANDREWS AVENUE

Suite, Apt. #, Etc.

101N

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

by Sonia Bortolin

Date 10-10-02

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
PD	JORGE SCHLAYA A.	398 LAKEVIEW DR # 201	WESTON, FL 33326

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:

by Jorge Schlaya

10-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000030403

1. Entity Name

C. P. H. Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

398 LAKEVIEW Dr.

Suite, Apt. #, etc.

201

3. Mailing Address

c/o BWS Business Advisers, Inc.

Suite, Apt. #, etc.

9050 Pines Blvd. Suite 450

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1091280

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name BORTOLIN & ASSOCIATES, P.A.

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

524 S. ANDREWS AVENUE

Suite 101N

City

FT. LAUDERDALE

FL

Zip Code

33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

by / Souia Bortolin

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

10.10.02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
JORGE SCHLAYA
398 LAKEVIEW Dr. # 201
WESTON, FL 33326

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

by / Jorge Schlaya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.10.02

DATE

Daytime Phone #

CR2E034B (12/01)

BW&T BUSINESS ADVISERS, INC.

Tax and Accounting Services

9050 Pines Blvd., Suite 450-8

Pembroke Pines, FL 33024

Phone: (954) 443-1594

Fax: (954) 443-1597

e-mail: accounting@bwtba.com

October 10, 2002

Florida Department of State.

Division of Corporation

409 Gaines Street,

Tallahassee, FL 32399

~~Via Certified mail~~

RE: Reinstatement of C.P.H. Enterprises, Inc.

FEIN No. 65-1091280

To Whom It May Concern:

As the accountant for the above referenced corporation, this letter is to inform you that we never received the 2002 UBR Report.

For recommendation of one of your representatives, we are enclosing to this letter a check number 1542 of Wachovia Bank for the amount of \$300.00 and the corresponding UBR and Reinstatement reports.

Please reinstate the above-mentioned corporation as soon as possible and thank you very much for your help.

Sincerely,

ImyfmBm

Nayan Briceno,
VCPA/Accountant