

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000039684

1. Corporation Name

E-NORTH SERVICE, INC.

Principal Place of Business

19028 NW 46th Ave

P.O. BOX 172124
HIALEAH FL 33017

Mailing Address

P.O. BOX 172124
HIALEAH FL 33017

MIAMI 33055

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

04/19/2001

5. FEI Number

65-1095777

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GARCIA, CARLOS J	19028 NW 46TH AVE.	MIAMI FL 33055
D	MAZELLI, ELIZABETH	19028 NW 46TH AVE.	MIAMI FL 33055

8. Name and Address of Current Registered Agent

PEREZ BEHAR & ASSOCIATES, P.A.
13935 NW 1ST AVENUE
MIAMI FL 33168

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 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/24/02

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)(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.

ELIZABETH GARCIA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

CR2E040 (8/02)

10/28/2

To Whom this may concern:

Find attached new form of UBR, with corrected address of "principal place of business", by mistake of the agent who did the paperwork of incorporation.

Find copy of original form mailed on 4/23/2 with ck copy, as per one of your customer service rep. This was the mistake on "place of business address", please received this form a little late because the bank had to do a research to see if this ck was change to our account.

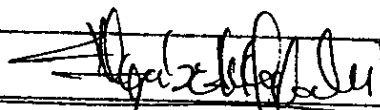
Sorry this letter is not on our letterhead but I have a full time job and I forgot to grab some letterhead.

If there is any questions please feel free to give us a call.

Carlos Garcia cell 786 357 6768

Elizabeth Garcia cell 305 458 0189 / Home 305-458-5527

Thank You so much for your help.



Elizabeth Garcia

± MONTH SERVICE