# APPLICATION **FOR** REINSTATEMENT

### FLORIDA DÉPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED חז כבם ה

Suite, Apt. #, etc.   Suite, Apt. #, etc.   277	DOCUMENT # P01000046534  1. Corporation Name								OU SEP 22 AM	8: 14	,	
Principal Place of Business   Mailing Address   3. Date Incorporated or Qualified   3a. Date of Last Report   559/2001	•								SECRETARY OF STATE FALLAHASSEE, FLORIDA			
2. Principal Place of Business   2a. Mailing Address   2b.   14660 SW 86th Street   2c.	Principal Place of B	Business	Mai	ling Address								
14660 SW 86th Street   36   14660 SW 86th Street   37   37   37   37   37   37   37   3		,						3	<del>-</del>	. Date o	f Last Report	
Suite, Apt. #, etc.   22    27    Suite, Apt. #, etc.   22    27    Suite, Apt. #, etc.   23  Miami FL	2. Principal Place o	f Business	2a. l	2a. Mailing Address							Applied For	
Secretary   Secr	21 14660 SW 86	oth Street	26	26 14660 SW 86th Street					65 1099 196		Not Applicable	
The content of the provisions of Sections 607.1508, Florida Statutes, the above named corporation submits this statement for the purposition of registered Agent   Signature agent and accept the obligations of, Section 670.8505, Florida Statutes, the above named corporation submits this statement for the purposition of registered Agent   Signature agent and the corporation's beard of directors.   In Title   Carlos Menendez   Signature agent and the first approximation as the state of Florida. Such change was authorized by the corporation's board of directors.   In First and familiar with, and accept the obligations of, Section 670.8505, Florida Statutes, the above named corporation submits this statement for the purposition of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.   In First and familiar with, and accept the obligations of, Section 670.8505, Florida Statutes, the above named corporation submits this statement for the purposition of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.   Interest agent is unfamiliar with, and accept the obligations of, Section 670.8505, Florida Statutes, the above named corporation submits this statement for the purposition agent is registered agent.   Interest agent is unfamiliar with, and accept the obligations of, Section 670.8505, Florida Statutes, the above named corporation submits this statement for the purposition agent is registered office or registered agent, and familiar with, and accept the obligations of, Section 670.8505, Florida Statutes, the above section of directors.   Interest agent is unfamiliar with, and accept the obligations of, Section 670.8505, Florida Statutes, the above section section of directors.   Interest agent is unfamiliar with, and accept the obligations of, Section 670.8505, Florida Statutes, the above section section of directors.   Interest agent is unfamiliar with, and accept the obligations of	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			
Miami FL   28   Miami FL   28   Miami FL	22		<del></del> -	<del>  -   -   -   -   -   -   -   -   -   -</del>							<u> </u>	
Name and Address of Current Registered Agent	·			<del></del>								
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  22. Street Address (P.O. Box Number is Not Acceptable)   14660 SW 86th Street  33.   Street Address (P.O. Box Number is Not Acceptable)   14660 SW 86th Street  34.   Civ	Zip 24 33183		<u> </u>	├─			ni-Dade		100 000 [7]			
Carlos Menendez 5540 W. 27th Court Hialeah, FL 33016    Street Address (P.O. Box Number is Not Acceptable)		120	1	27				10. Na	Name and Address of New Registered Agent			
Carlos Menendez   Say   Street Address (P.O. Box Number is Not Acceptable)   14660 SW 86th Street   14600 SW 86th Street   14660 SW 86t						81	L					
Hisleah, FL 33016  Hisleah, FL 3	Carlos Menende	z			_	_	0					
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.0595, Florida Statutes.    Carlos Menendez							- 1					
Miami   FL   33183   SIREET ADDRESS   CTTY-ST-ZIP   TITLE   Carlos Menendez   Carl	Thalean, I'L 550	10					3					
or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Carlos Menendez   Carlos Menendez   Signatule, typed or printed name of registered agent and tide if applicable.					84	1 1						
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
TITLE	SIGNATURESign	ature, typed or printed name of registered	d agent :		<u> </u>				. ,,,,,,,			
NAME   STREET ADDRESS   1.2 NAME   1.3 STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	12,	OFFICERS AND DIRE	CTOR	S	13.		ADDI	TIONS/	CHANGES TO OFFICERS AND DI			
1.3 STREET ADDRESS   1.4660 SW 86th Street				☐ DELETE						Change	☐ Addition	
NAME   Carlos Menendez   14660 SW 86th Street   Miami, FL 33183	STREET ADDRESS	14660 SW 86th Street			1.3	STREET ADDRESS						
CITY-ST-ZIP   Milami, FL 33183	TTILE	Secretary DELET								_	_	
CITY-ST-ZIP   Milami, FL 33183		1 [ ]						<u> </u>	: <b>800023577</b> : 10/06/03	158	; 19 75	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Vice-President Carlos Menendez STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE  5.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP  DELETE  6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addit		Miami, FL 33183			2.4	CITY	-ST-ZIP		TOURSE STUTE SOF	4.15()		
STREET ADDRESS   14660 SW 86th Street				☐ DELETE						Change	: Addition	
CITY-ST-ZIP         Miami, FL 33183         3.4 CITY-ST-ZIP           TITLE         Vice-President         DELETE         4.1 TITLE         Change         Addition           NAME         Carlos Menendez         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         G.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           STREET ADDRESS         G.3 STREET ADDRESS         G.4 CITY-ST-ZIP         G.5 STREET ADDRESS         G.5 STREET ADDRESS           CITY-ST-ZIP         G.5 STREET ADDRESS         G.5 STREET ADDRESS         G.5 STREET ADDRESS         G.5 STREET ADDRESS		14660 SW 86th Street										
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## TITLE		14660 SW 86th Street							•			
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STREET ADDRESS CITY-ST-ZIP  6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				☐ DELETE					. L	Change	;	
14. I do 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		are, at are the information and artist	، عادارور	his filing doos ==				n statad i	in Section 119 07(3)/i) Floride State	tes I fin	ther certify that	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE

SIGNATURE

SIGNATURE

Date

Daytime Phone #

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

# Re: Menen Enterprises, Inc.

# Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 308.75 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:		<u>ل</u> ـــ		<u>_</u>					
Ъу				torney-in-fact					
Name: Carlos Menendez Title: President									
Title:	P	resident							
Date:_		9	19	03					
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