2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 21 AM 8:00

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000083419

1. Corporation Name
OBRADOVICH ENTERPRISES, INC.

11747 SW 134 PL
11747 SW 134 PL

2. Principal Office Address	**3.** Mailing Office Address
11747 SW 134 PL	11747 SW 134 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

000041214710
09/21/04--01054--004 **150.00

MRS

4. Date Incorporated or Qualified To Do Business in Florida 08/23/2001

5. FEI Number 65-1132389 ☐ 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: VERONICA D. OBRADOVICH

Street Address (P.O. Box Number is Not Acceptable): 11747 SW 134 PL

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33186

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 [signature] Date 09/14/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P.T.D	MILKO A. OBRADOVICH	11747 SW 134 PL	MIAMI, FL 33186
VSD	VERONICA D. OBRADOVICH	11747 SW 134 PL	MIAMI, FL 33186

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: [signature] 09/14/2004 305-383-4286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Miami, September 14th, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: OBRADOVICH ENTERPRISES, INC.
Doc Number P01000083419

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for $150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2001.

Your consideration will be greatly appreciated.

Sincerely,

Milko A. Obradovich
President
11747 SW 134th Street
Miami, FL 33186