

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 29 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000101473

1. Corporation Name

ENAMORADO IRON WORKS, INC.

2. Principal Office Address

900 NW 30TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1146934

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

DOMINGO ENAMORADO

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

900 NW 30TH AVE

Suite, Apt. #, Etc.

700030963477

03/24/04-01014-009 \*\*300.00

City

MIAMI

State

FL

Zip Code

33125

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

Domingo Enamorado  
REGISTERED AGENT MUST SIGN

Date

3-18-04

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
<u>P</u>	<u>DOMINGO ENAMORADO</u>	<u>900 NW 30 AVE.</u>	<u>MIAMI FL 33125</u>

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)(f), 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:

Domingo Enamorado 3/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREFORM 103104

March 18, 2004

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Enamorado Iron Works, Inc.  
P 01000101473  
900 NW 30<sup>th</sup> Avenue  
Miami, Florida 33125


Enclosed please find Reinstatement Application for the above reference Corporation.

I did not receive the Uniform Business Report due to the change in address and are requesting that the penalty for being late be waived.

I am enclosing the 300.00 fee for the two years, 2003 and 2004.

If further information is needed please contact me.

Very Truly Yours,

  
Domingo Enamorado  
900 NW 30<sup>th</sup> Avenue  
Miami, Florida 33125