

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000000039**

1. Corporation Name

D'ENZIO CORP.

Principal Place of Business

Mailing Address

10624 SW 161 PL
MIAMI FL 33196

10624 SW 161 PL
MIAMI FL 33196

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

26-0007331

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	ENCIO, REINA	10624 SW 161 PL	MIAMI FL 33196
D	ENCIO, LAZARO	10624 SW 161 PL	MIAMI FL 33196

500024056405
10/23/03--01084--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINA, ENCIO
10624 SW 161 PL
MIAMI FL 33196

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

Reina Encio

REGISTERED AGENT MUST SIGN

Date

10-17-03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINA ENCIO

LAZARO ENCIO

Date

10/17/03 (305-382-9009)
Daytime Phone #
(305-962-3685)

CR2E040 (7/03)

D'Enzio Corp.
10624 SW 161 Pl.
Miami, Fl 33196.

This letter is to request the reinstatement of the active status of D'Enzio Corp. because the prior UBR notices were not received. Included is the complete application for reinstatement and the \$150.00 check. Thank you in advance,

Reina Encio.
Reina Encio.

10/17/03

*(305) 382-9009,
(305) 962-3685.*