

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019987

1. Corporation Name

ENMARC INC.

2. Principal Office Address

788 WEST 32 ST

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

Zip

33012

Country

MIAMI DADE

3. Mailing Office Address

788 WEST 32 ST

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

Zip

33012

Country

MIAMI DADE

4. Date Incorporated or Qualified

To Do Business in Florida 02/18/2002

5. FEI Number

02-0564990

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

ENRIQUE CONTRERAS JR

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

788 WEST 32 ST

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

*Enrique Contreras Jr.*  
REGISTERED AGENT MUST SIGN

Date 03/03/2004

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	ENRIQUE CONTRERAS JR	788 WEST 32 ST	HIALEAH FL 33012
VP	MARGARET CONTRERAS	788 WEST 32 ST	HIALEAH FL 33012

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:

*Enrique Contreras Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE CONTRERAS JR.

03/03/2004

Date

305 358 6525

Daytime Phone #

CR2E081 (01/04)