

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026318

1. Corporation Name:

ENTERPRISE FINANCE SERVICES INC.

2. Principal Office Address

3600 S. STATE RD 7

Suite, Apt. #, etc.

212

City & State

MIRAMAR

Zip

33023

Country

BROWARD

3. Mailing Office Address

3600 S. STATE RD 7

Suite, Apt. #, etc.

212

City & State

MIRAMAR

Zip

33023

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/02

5. FEI Number

37-1422432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500025554025
12/17/03--01020--015 **158.75

7. Name and Address of Current Registered Agent

Name

JOSE O. JANVION

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

1931 NW 182 TER

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

Jose O. Janvion
REGISTERED AGENT MUST SIGN

Date 12-10-03

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 |
|--------|--------------------------------------|---|----------------------------------|
| PD | Jose O. JANVION | 1931 NW 182 TER. | PEMBROKE PINES FLORIDA 33029 |
| DS | Jose JANVION Jr | 1931 NW 182 TER. | PEMBROKE PINES FLORIDA, 33029 |
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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:

Jose O. Janvion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose O. JANVION

12-10-03 (954) 989-5992

Date

Daytime Phone #

Page 2 of 2
ENTERPRISE FINANCE SERVICES INC.

Licensed Mortgage Broker Business

3600 S. State Road # 7 Suite 212 Miramar, Florida 33023

Phone: (954) 989-5992 (954) 274-6299 Fax: (954) 443-0868

E-MAIL JOBROKER11@CS.COM

December 11, 2003

Department of State
Division of Corporations
409 east Gaines St.
Tallahassee, Fl. 32399

Re: Reinstatement Fee.

To whom it may concern;

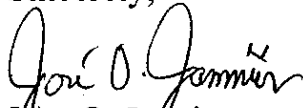
I recently was made aware of my company's inactive status as a result of not paying the required fees to the Department of State.

I am respectfully requesting that you wave any penalties and reinstate Enterprise Finance Services Inc. to an active status.

I moved to a new location and never received the renewal notice. I was not aware that an annual fee needed to be paid.

Enclosed is a check that includes the annual report fee and the certificate of status fee. Please mail it to the new address.

Sincerely,


Jose O. Jannion