

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 21 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061949

1. Corporation Name

ENS 2, INC.

Principal Place of Business

Mailing Address

495 CENTER ISLAND  
GOLDEN BEACH FL 33160

495 CENTER ISLAND  
GOLDEN BEACH FL 33160



REINSTATEMENT 03

01-23-03 90066 017 \$150.00

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

06/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

03-0461064

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NAKHAMKIN, EDUARD	495 CENTER ISLAND	GOLDEN BEACH FL 33160

10/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENTHAL, KERRY E ESQ.  
ROSENTHAL ROSENTHAL RASCO  
2875 NE 191 ST, STE 500  
AVENTURA FL 33180

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

REGISTERED AGENT MUST SIGN

Date

10/20/03

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

Date

10/20/03 305-888-6828

Daytime Phone #

CR2E040 (7/03)

**ENS 2, INC.**  
495 Center Island  
Golden Beach, FL 33160

October 17, 2003

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: ENS2, INC.**  
**Document No. P02000061949**

Dear Sir/Madam:

On January 21, 2003, the 2003 Annual Business Request was submitted for filing with the required filing fees for the above-referenced corporation. The Division of Corporation has recently dissolved the corporation, and has since advised us that they had returned the Report because of the omission of the Tax ID number on the Report. We have no record of receiving the same, and request is hereby made that you waive the reinstatement fee, as we did not receive the prior notice(s) of the unfiled annual report.

Enclosed herewith please find Application for Reinstatement for reinstating said corporation. Please process the filing of the same as soon as possible.

Thank you for your courtesy and cooperation in connection with this matter. Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

ENS 2, INC.

By: 

EDUARD NAKHAMKIN

/emh  
encls.