

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -5 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000081981**

1. Corporation Name

NAVAS ENTERPRISES CORP.

2. Principal Office Address

4453 A S W 63RD AVENUE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD

3. Mailing Office Address

4453 A S W 63RD AVENUE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD

600035535616  
05/05/04 = 01048-024 \*\*300.00  
**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida 7/29/2002

5. FEI Number  
75-3074379

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

HECTOR NAVAS

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

4453 A S W 63RD AVENUE

Suite, Apt. #, Etc.

City

DAVIE

State  
**FL**

Zip Code  
33314

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

REGISTERED AGENT MUST SIGN

Date **4/20/04**

**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
PD	HECTOR NAVAS	15825 W WIND CIRCLE	SUNRISE, FLORIDA 33326
VPD	SONIA NAVAS	15825 W WIND CIRCLE	SUNRISE, FLORIDA 33326

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

954-583-4022

Daytime Phone #

2 of 2

# *Maring* BOOKKEEPING SERVICE, INC.

5795 Orange Drive, Davie, FL 33314  
Dade (305) 895-3466 • Broward (954) 792-5075 • FAX (954) 792-5062

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INCOME TAX • CORPORATE RETURNS • PARTNERSHIP • SMALL BUSINESS

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APRIL 27, 2004

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FLORIDA 32314

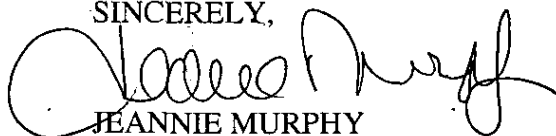
TO WHOM IT MAY CONCERN:

RE: NAVAS ENTERPRISES CORP.  
75-3074379

MR NAVA'S WAS USING A PRIOR ACCOUNTANT AND WAS NOT TOLD ABOUT FILING AN ANNUAL BUSINESS REPORT, AND WAS NOT AWARE ABOUT FILING AN ANNUAL REPORT, HE NEVER RECEIVED AN ANNUAL BUSINESS REPORT FORM TO SUBMIT THE \$ 150.00. PLEASE FIND ENCLOSED REINSTATEMENT FOR 2003 AND 2004 AND HIS CHECK FOR \$300.00. HE REQUEST AN ABATEMENT OF PENALTIES AND INTEREST.

THANK YOU IN ADVANCE FOR YOU TIME AND CONSIDERATION IN HELP US CLEAR UP THIS MATTER.

SINCERELY,



JEANNIE MURPHY  
ACCOUNTANT

MARING BOOKKEEPING SERVICE, INC.