

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 17 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000081981

1. Corporation Name

Navas Enterprises Corp

2. Principal Office Address - No P.O. Box #

4453 A SW 63RD AVE

Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

Zip

33314

Country

USA

3. Mailing Office Address

4453 A SW 63RD AVE

Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

Zip

33314

Country

USA

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

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 SW 63RD AVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
PD	SONIA NAVAS	15825 W WIND CIRCLE	SUNRISE FLORIDA 33326

800120530808
03/17/08--01045--011 **450.00

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 contained in Chapter 119, 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:

Hector Navas President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/12/08

Daytime Phone #

9545834022

2282

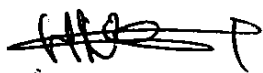
March 11, 2008

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref: NAVAS ENTERPRISES CORP
P02000081981
FEI 75-3074379

Navas Enterprises Corp was using prior accountant and was never make payment about filling an annual business report for years 2006 and 2007. Navas Enterprises never received an annual business report form to submit the \$150.00. Please find enclosed reinstatement for 2006,2007 and 2008. Navas Enterprises Corp an abatement of penalties.

Thank you en advance for you time and consideration in help us clear up this matter.



Hector Navas
President