PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -6 AM 8:00

DOCUMENT # P0 20008 4059

1. Corporation Name
Enesa, Inc

REINSTATEMENT 03-04 MRD

2. Principal Office Address	3. Mailing Office Address
12630 NW S. River Dr	530 NW 158th Av.
Suite, Apt. #, etc.: #2	Suite, Apt. #, etc.:
City & State: Meddley, FL	City & State: Pembroke Pines, FL
Zip: 33178 Country:	Zip: 33028 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — X 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: José Losada
Street Address (P.O. Box Number is Not Acceptable): 12630 NW S. River Dr.
Suite, Apt. #, Etc.: #2
City: Meddley | State: FL | Zip Code: 33178

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: José Losada — Date: Jun 07, 04
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
Director	José Losada	530 NW 158th AV	Pembroke Pines FL. 33028
			900038751369 07/06/04--01086--001 **900.00

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 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: José Losada — Jun 07 04 — (954)2610859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #