

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000103353

1. Corporation Name

E & N INVESTMENTS GROUP, INC.

2. Principal Office Address

651 NW 45TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country

USA

3. Mailing Office Address

PO BOX 5507

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

FL

Country

33074

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0646070

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

DAVID ETIENNE

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

161 NE 30TH CT

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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 2/12/2004

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
P	DAVID ETIENNE	161 NE 30TH CT	POMPANO BEACH, FL 33064
V	CLIFFORD NICOLAS	651 NW 45TH	MIAMI, FL 33127
S	JEAN ELIE ETIENNE	161 NE 30TH CT	POMPANO BEACH, FL 33064
D	CLIFFORD ERARD	3099 NW 48TH AVE, APT. 353	LAUDERDALE LAKES, FL 33313
D	ANGIE MAITRE ETIENNE	161 NE 30TH CT	POMPANO BEACH, FL 33064
T	TAINA NICOLAS	107 N CORTEZ DR, CIR B.	MARGATE, FL 33068

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

2/12/2004

Date

(954)709-7670

Daytime Phone #

FILED

04 APR -5 AM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700030501467
04/09/04--01011--012 **141.25

700030501467
03/16/04--01009--013 **758.75

CR2E081 (10/02)