PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 JUL 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

REINSTATEMENT 06-07

CR2E081 (12/05)

DOCUMENT # P0200010659 6

1. Corporation Name

ENR Associates Inc.

2. Principal Office Address
5209 NW 74th Avenue

3. Mailing Office Address
5209 NW 74th Avenue

Suite, Apt. #, etc
Suite 206

Suite, Apt. #, etc
Suite 206

City & State
Miami, Florida

City & State
Miami, Florida

Zip 33166	Country USA	Zip 33166	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10-03-2002

5. FEI Number 26-0536529

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 Earlyne L. Rodriguez

8001DE614888
07/24/07--01011 -008 ***300.00

Street Address (P.O. Box Number is Not Acceptable)
2121 SE 25th Street

Suite, Apt. #, Etc.

City Ocala	State FL	Zip Code 34471

8. I, being appointed the registered agent of the above named corporation, are familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Earlyne Rodriguez
REGISTERED AGENT MUST SIGN

Date 7/16/2007

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,VPT,S	Marisabel Rodriguez	5209 NW 74th Ave, Ste 206	Miami, Florida 33166

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/2007
Date

Daytime Phone #

JC 7/18

DIVISION OF CORPORATION
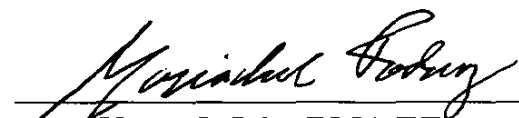P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE
REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE
FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE
MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE
SINCE THE YEAR OF 2006 & 2007 FROM YOUR OFFICE TO PAY THE
ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN
EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE
ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN
THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL
FREEE TO CONTACT US.

CORDIALLY YOURS,

MARISABEL RODRIGUEZ
P/V/T/S