

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000120037

1. Entity Name
ENCARNACION ENTERPRISES, INC.



Principal Place of Business
% JN ACCOUNTING & TAX SERVICE INC
10305 NW 41ST STREET, SUITE 116
MIAMI, FL 33178

Mailing Address
% JN ACCOUNTING & TAX SERVICE INC
10305 NW 41ST STREET, SUITE 116
MIAMI, FL 33178

2. Principal Place of Business

3. Mailing Address

1351 SW 23 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip

Country

Zip

Country

33145



REINSTATEMENT

4. FEI Number
33-1030439

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, JOSE
10305 N.W. 41S STREET
SUITE 116
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
Mariela Encarnación
Street Address (P.O. Box Number is Not Acceptable)
1351 SW 23 ST
Miami
City
FL Zip Code
33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/26/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ENCARNACION, MARIELA
10305 N.W. 41ST STREET SUITE 116
MIAMI, FL 33178

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 443-0650