

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 3: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124344

1. Corporation Name

MEDLEY EQUIPMENT ENTERPRISES, INC.

2. Principal Office Address

9410 NW 109 Street

Suite, Apt. #, etc.

3. Mailing Office Address

9410 NW 109 Street

Suite, Apt. #, etc.

City & State

Medley, Florida

City & State

Medley, Florida

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2002

5. FEI Number

01-0754833

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

Raul Enriquez

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

9410 NW 109 Street

Suite, Apt. #, Etc.

City

Medley

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

*Raul Enriquez*

Date

10/26/04

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
D	Raul Enriquez	9410 NW 109 St.	Medley, FL 33178
D	Angel Ruiz	9410 NW 109 Street	Medley, FL 33178

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)(f), 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

Date

Daytime Phone #

10/26/04 (305) 3455400

CR2E081 (01/04)

October 26, 2004

Florida Department of State  
Division of Corporation  
P. O. 6327  
Tallahassee, Florida 32314

**RE: Medley Equipment Enterprises, Inc.**  
**FEI# 01-0754833**  
**Document #P02000124344**

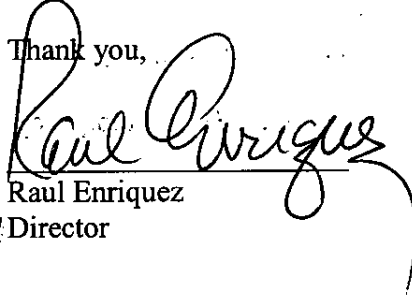
To Whom It May Concern:

With this letter we are requesting reinstatement for the above referenced corporation, since we never received the annual report forms to be able to file. A check in the amount of \$300.00 is enclosed along with the Reinstatement Form.

Also, we respectfully request the reinstatement fee to be waived since the reports were not filed due to willful negligence but due to the fact that the annual report forms were never received.

If you have any question please feel free to call me at [305] 345-5400.

Thank you,

  
Raul Enriquez  
Director