

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P03000066298**

**1. Corporation Name**

Foreign Enterprises Inc

**2. Principal Office Address - No P.O. Box #**

132 Woodland Road

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33461

Country

WPB

**3. Mailing Office Address**

132 Woodland Road

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33461

Country

WPB

**7. Name and Address of Current Registered Agent**

Name

Patricia Ann Bargfrede-Gonnella

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

132 Woodland Road

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33461

**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

*Patricia Ann Bargfrede-Gonnella*  
REGISTERED AGENT MUST SIGN

Date

10/30/09

**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
Pres	Patricia Ann Bargfrede-Gonnella	132 Woodland Road	Lake Worth, Fla 33461
V-Pres	Araldo Gonnella	132 Woodland Road	Lake Worth, Fla 33461

**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:**

*Patricia Ann Bargfrede-Gonnella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/09

Daytime Phone #

917-692-4826

FILED

09 NOV -2 AM 11:44

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

600162404466  
11/02/09--01045--022 \*\*1058.75

CR2E081 (12/08)

**4. Date Incorporated or Qualified To Do Business in Florida**

6/13/2003

**5. FEI Number**

200541659

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT

06-09