

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -7 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000135585

1. Corporation Name

EGN ENTERPRISES, INC.

656 FAIRWIND DRIVE
656 FAIRWIND DRIVE

2. Principal Office Address

656 FAIRWIND DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

656 FAIRWIND DRIVE

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/12/2003

5. FEI Number

90-0148107

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

ROBERT W. SLATER

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

214 BRAZILIAN AVENUE

Suite, Apt. #, Etc.

260

City

PALM BEACH

State

FL

Zip Code

FL

100048413581
03/15/05 01029 012 **300 00

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 33480

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	ERIK NELSON	656 FAIRWIND DRIVE	NORTH PALM BEACH, FL 33408
VP	Michael Schosser	8939 S.E. Hawksbill WAY	Hobe Sound, FL 33455

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:

Erik Nelson
Erik Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05

Date

Daytime Phone #

EGN ENTERPRISES, INC.
656 Fairwind Drive
North Palm Beach, FL 33408

29-Nov-2004

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Gentlemen:

RE: EGN Enterprises
Doc #: P03000135585

Enclosed is the Reinstatement Application for EGN Enterprises, along with a filing fee of \$150.00.

Upon our receiving a postcard advising of the corporation's administrative dissolution, we called the Dept. of State, and speaking with your representative; explained the fact that the hurricanes hitting us had caused our paperwork, pending, in process, and completed, to be put in complete disarray because of the constant moving and stress of the time. We had believed the filing to have been completed. She had advised us to file the reinstatement application, and attach our letter explaining this, which we are doing here.

Based on the above, and our good faith efforts in attempting to comply, we respectfully request that the reinstatement fee be waived in this case.

Thanking you in advance for your consideration of this request.

Sincerely,

Erik L. Nelson
EGN Enterprises, Inc.

