

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 25 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000132528**

1. Corporation Name

ENTREPRENEUR HOLDINGS, INC.

2. Principal Office Address

2250 PALM BEACH LAKES

3. Mailing Office Address

BLVD SAME

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

SAME

City & State

WEST PALM BEACH, FL

City & State

SAME

Zip

33409

Country

USA

Zip

SAME

Country

SAME

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09-22-2004

5. FEI Number

20-1651696

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

JOHN P. REICHARD III

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

2250 PALM BEACH LAKES BLVD

Suite, Apt. #, Etc.

108

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

John P. Reichard III
REGISTERED AGENT MUST SIGN

Date **9/20/2006**

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	JOHN P. REICHARD III	2250 PALM BEACH LAKES BLVD # 108	WEST PALM BEACH, FL 33409

600080144866
09/25/06--01039--024 **300.00

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:

John P. Reichard III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Entrepreneur Holdings Inc.

2250 Palm Beach Lakes, Blvd Suite 108
West Palm Beach, Florida 33409
Phone 561-296-5702 Fax 561-296-5703

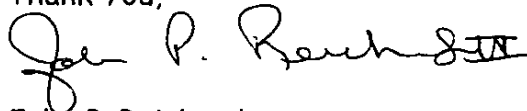
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL
32314

September 20, 2006

To Whom it may concern:

Please be advised that Entrepreneur Holdings Inc. did not receive an annual report notice for the year 2005 as a result of a bad address on file. Please waive the reinstatement fee. We have enclosed a check for \$300.00 as well as the correct corporation reinstatement form. Please reinstate Entrepreneur Holdings Inc. PO4000132528.

Thank You,



John P. Reichard
President