

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 30 AM 11:46

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000084680

1. Corporation Name

ENRIQUEZ SERVICES & REPAIRS, INC.

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

13898 SW 38 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

USA

3. Mailing Office Address

13898 SW 38 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

USA

REINSTATEMENT 06-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/2005

5. FEI Number

☒ 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  
JESUS L. AGUILA

Street Address (P.O. Box Number is Not Acceptable)  
4719 PALM AVENUE

Suite, Apt. #, Etc.

City  
HIALEAH

State  
FL

Zip Code  
33012

☒ 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.

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-29-2007

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
PSD	ENRRIQUE CALAFET	13898 SW 38 ST	MIAMI FL 33175

600112082816  
11/07/07--01042--004 \*\*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:

X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-2007

Date

Daytime Phone #

2010/30