

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000111892

1. Corporation Name

MAHPER ENTERPRISES, INC.

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

2630 W 2TH AVE

Suite, Apt. #, etc

City & State

HIALEAH, FL

Zip

33010

Country

DADE

3. Mailing Office Address

7348 W 15TH CT

Suite, Apt. #, etc

City & State

HIALEAH, FL

Zip

33014

Country

DADE

7. Name and Address of Current Registered Agent

Name

EDEL BROCHE

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

7348 W 15TH CT

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date

4/15/10

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	Edel Broche	7348 W 15th Ct	Hialeah, FL 33014

10. E-mail Address:

Fleitesoffice@aol.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

Edel Broche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/10

Daytime Phone #

FILED

10 APR 23 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700177238117  
04/23/10--01014--005 \*\*450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida 08/15/05

5. FEI Number  
20-3295543

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.