PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 15 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000162274

1. Corporation Name

ENRIQUEZ, INC.

200150714402
04/16/09--01048--008 **150.00

04/16/09-01048-008 150.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
20200 NE 27 CT
Suite, Apt. #, etc.
J 14
City & State
AVENTURA FL.
Zip
33180
Country
USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 01/01/2006

5. FEI Number
20-3931667
☐ 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:
SILVA'S ENTERPRISE, INC.
Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AVE
Suite, Apt. #, Etc.
SUITE C
City
NORTH MIAMI BEACH
State
FL
Zip Code
33162

☐ 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 this 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 07/10/2009
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
P	ENRIQUEZ, ALBERTO A	20200 NE 27 CT SUITE J 14	AVENTURA FL. 33180
V/P	PEREYRA, VIVIANA	20200 NE 27 CT SUITE J 14	AVENTURA FL. 33180

200150714402
05/05/08--90266--007 **150.00

05/05/08-90266-007 150.00

REINSTATEMENT RH

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 debts 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 entered on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Alberto A ENRIQUEZ (President) 07/10/2009 (305) 423 5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #