

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

96 NOV 12 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftaham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000004821**

1. Corporation Name

EN.KI CORPORATION

Principal Place of Business

Mailing Address

10501 S.W. 56 TERR.
MIAMI FL 33173

10501 S.W. 56 TERR.
MIAMI FL 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

Suite, Apt. #, etc.

7201 SW 84 CT.

Suite, Apt. #, etc.

7201 SW 84 CT.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

5. FEI Number

65-049-662 APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DVTS	YNASTRILLA, ALEXANDER A	7520 S.W. 63 AVE.	MIAMI FL 33143
DP	YNASTRILLA, ANTONIO J	10501 S.W. 56 TERR. 7201 SW 84 CT.	MIAMI FL 33173 33143
			000002005070--4 -11/14/96--01102--010 *****383.75 *****383.75

REINSTATEMENT 1996

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

11-12-96

YNASTRILLA, ALEXANDER
10501 S.W. 56 TERR.
MIAMI FL 33173

Name

ALEXANDER YNASTRILLA, ALEXANDER

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

7501 SW 84 CT.

Suite, Apt. #, Etc.

MIAMI, FL 33143

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

9/25/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director of 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x

9/25/96

Date

Daytime Phone