

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000010949

1. Corporation Name

ENB SUB CORPORATION

Principal Place of Business

701 BRICKELL AVE
SUITE 1250
MIAMI FL 33131
US

Mailing Address

701 BRICKELL AVE
SUITE 1250
MIAMI FL 33131
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1992

5. FEI Number

65-0391689

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPC	BROOKES, ROBERT	701 BRICKELL AVE, SUIT 1250	MIAMI FL
DVS	CABRERA-TEKSE, ADA	701 BRICKEL AVE, SUITE 1250	MIAMI FL
DT	ALTMAN, ARNOLD	701 BRICKELL AVE, STE #1250	MIAMI FL
100004685891--5 -11/16/01--01082--011 *****750.00 *****750.00			
REINSTATEMENT 01/18			

8. Name and Address of Current Registered Agent

HERRERA, PEDRO
C/O EAGLE NATIONAL BANK
701 BRICKELL AVENUE, STE#1250
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Daniel Cherta - C/O Eagle National Bank
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 1250
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33131

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 10/19/01 358-5300 (305)

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 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

10/19/01 305-358-5300
Date Daytime Phone #