

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
96-912 AR
S. Bruce B. Thornton
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 28 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068169

1. Corporation Name

PRIVATE ENTERPRISES, INC.
885 SE 47TH TERR. SUITE B
CAPE CORAL, FL 33904

Principal Place of Business

Mailing Address

885 SE 47TH TERR. SUITE B
CAPE CORAL, FL 33904

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

SEPTEMBER 24, 1993

5. FEI Number

65-0456309

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,V T,S	IBTISAM MUSTAFA	885 SE 47TH TERR. SUITE B CAPE CORAL, FL 33904	CAPE CORAL, FL 33904

300002507193--4
-05/01/98--01008--022
*****515.00 *****515.00

8. Name and Address of Current Registered Agent

IBTISAM MUSTAFA
885 SE 47TH TERR. SUITE B
CAPE CORAL, FL 33904

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

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

IBTISAM MUSTAFA
REGISTERED AGENT MUST SIGN

Date 4/20/98

11. This corporation owes or has paid the current year
intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

IBTISAM MUSTAFA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98
Date

941-549-0022
Daytime Phone #

CR2E040 (1/98)



Professional Nurses Registry

885 SE 47TH TERR. SUITE B

• CAPE CORAL, FL 33904

(941) 549-0022 • FAX (941) 549-1739

April 20, 1998

Department of State
Division of Corporations
P.. Box 6327
Tallahassee, FL 32314

Re: Private Enterprises/DBA Professional Nurses Registry

Please find enclosed our application for reinstatement, along with our check for \$515.00.

Professional Nurses Registry relocated in October 96 and never received any correspondence from the Division of Corporations. Please except this Application for Reinstatement.

If you have any questions, please call us at 941-549-0022.

Sincerely,

I. Mustafa RN

I. Mustafa, RN