

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -4 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4BR
01-02

DOCUMENT # P93000087136

1. Corporation Name

EBEN-EZER CORPORATION.

2. Principal Office Address

1411 N.W. 84 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33126

Country

3. Mailing Office Address

1411 N.W. 84 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33126

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/93

5. FEI Number

65-0455091

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

ADRIAN L. PEREZ

800005134218-8

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

4201 SW 93 AVE.

-03/19/02--01044--019

****300.00 ****150.00

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

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

Date

2/26/02

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 VP TS	ADRIAN L. PEREZ	4201 SW 93 Ave	DAVIE FL 33328

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN L. PEREZ

Date

2/26/02

Daytime Phone #

(305) 470-8977

CR2E081 (9/01)



Eben - Ezer Corp.

1411 N.W. 84 Avenue Miami, FL 33126
Phone: (305) 470-8977 Fax: (305)-470-8951

From: Eben-Ezer Corporation
Ref. Number: P93000087136
To whom it may concern:

February 27, 2002

Dear Sir or Madam:

My name is Adrian L. Perez from Eben-Ezer Corp. I would like to inform you that our company is looking for the best way to resolve the situation on our past due payment in our yearly corporation renewal.

Our company was at 6135 N.W. 167 Street Suite# E14 Miami Florida 33015 From January 10 1997 through the end of 1998 at that time we moved our company

To: **1411 N.W. 84 Ave. Miami Florida 33126.**

Back on April 2000 we didn't receive your original form to send our payment for that year and we took our decision to send our payment with a photocopy of that form, after you received our payment your administration informed us that it is not possible to receive payments without an original form, at that time you sent the original form resolving our concern. (Attach you have a copy of that year payment with our new address).

Back on 2001 we were contacted by you again for the same situation (**we did Not receive original form to pay**), having not resolved this situation, on January 2002 we discovered that your administration **dissolved** our Corporation, leaving us inactive.

On that day we spoke with your assistance regarding this situation, discovering that you have not changed in your records our new address.

Today February 27, 2002 we are forced to pay a Reinstatement fee and other charges increasing our \$ 150.00 per each year to \$ 750.00 this is more than we can afford, please check our files and help as regarding this matter, **giving us credit for this big difference**. Also you may see in your files that we are receiving all original forms to pay **by our request**.

Following Document attached:

- 1st Internet print, showing the company dissolution in our old address
- 2nd Copy of your letter on April 2000 refusing our payment without original form
- 3rd Original form and payment that it was sent on April 2000 from our new address to paid and inform that we were moving
- 4th Original form Corporate Reinstatement and payment.

Please make sure to make all necessary corrections for future mailings.

Adrian L. Perez
President