

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022322**

1. Corporation Name

RINCON ENTERPRISES, INC.

Principal Place of Business

971 SW 8 ST
MIAMI FL 33130

Mailing Address

971 SW 8 ST
MIAMI FL 33130

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

03/22/1994

5. FEI Number

65-0368775

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	4 City / State / Zip
PSTD	RINCON, CARLOS H	981 S.W. 8TH ST.	MIAMI FL 33130

8. Name and Address of Current Registered Agent

DEFABIO, GEORGE J
2121 PONCE DE LEON BLVD.
430
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct 23, 2002

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

Oct 23, 2002

305
856-5090

Date

Daytime Phone #

CR2E040 (8/02)

October 23, 2002

Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. Zip. 32314-6327

Ref. FEI NO. 65-0368775

Dear Sirs:


For the first time since we opened our Corporation for some reason we did not receive the form for annual report for Corporations for the year 2002.

We ask you for your cooperation to re-instate our corporation and herewith we are sending the proper fee and application according to your instructions.

We have no records of receipt of the proper forms on time.

Your assistance will be greatly appreciated.

Very Truly Yours:



Carlos H. Rincon
Rincon Enterprises Inc.
971 S.W. 8th St.
Miami, Fl. Zip. 33130