

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 21 PM 12:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000049117**

1. Corporation Name

PROVIDENCIA ENTERPRISES, INC.

Principal Place of Business

9804 S.W. 88TH ST.
SUITE D-103
MIAMI FL 33176

Mailing Address

9804 S.W. 88TH ST.
SUITE D-103
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

8999E SW 133 Ct.,

Suite, Apt. #, etc.

Miami, FL

City & State

33186

Zip

Country

USA

3. New Mailing Office Address, If Applicable

8999E SW 133 Ct.,

Suite, Apt. #, etc.

Miami, FL

City & State

33186

Zip

Country

USA

REINSTATEMENT

9600

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1994

5. FEI Number

65-0502148

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 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
PS	ARAUJO, WANDA C	8804 SW 88TH ST. D-103 8999E SW 133 Ct.,	MIAMI FL 33176 Miami, FL 33186
VT	ARAUJO, ELIAS H	8804 SW 88TH ST. D-103 8999E SW 133 Ct.,	MIAMI FL 33176 Miami, FL 33186

500002014335--S
-11/26/96--01099--017
****375.00 ****375.00

8. Name and Address of Current Registered Agent

ARAUJO, ELIAS H
9804 S.W. 88TH ST.
SUITE D-103
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

Elias Araujo

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

8999E SW 133 Ct.,

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **16 Nov 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 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 reasons 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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Nov 96

Date

Daytime Phone #

(305) 380-0045