

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

97 OCT 30 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055467

1. Corporation Name  
AGNA ENTERPRISES INC.

Principal Place of Business  
17311 SW 12TH ST.  
PEM BROKE PINES FL 33029

Mailing Address  
17311 SW 12TH ST.  
PEM BROKE PINES FL 33029



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

2. New Principal Office Address, If Applicable  
8478 NW 72 STREET

3. New Mailing Office Address, If Applicable  
8478 NW 72 ST.

4. Date Incorporated or Qualified  
To Do Business in Florida 07/25/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0512202

Applied For  
Not Applicable

City & State  
MIAMI-FLA

City & State  
MIAMI-FLORIDA

Zip 33166

Country DADE

Zip 33166

Country

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
PVTS	JOSEPH PANETTA PANETTA	17311 SW 12TH STREET	PEM BROKE PINES FL 33029
			500002338265--3 -11/04/97-01050-027 ****750.00 ****750.00
			REINSTATEMENT 1997
			A. Alan 10/30/97

8. Name and Address of Current Registered Agent

PANETTA, JOSEPH  
17311 SW 12 ST.  
PEM BROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name LOUIS F. CAIT  
Street Address (P.O. Box Number is Not Acceptable)  
10311 SW 56 STREET  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33165

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

REGISTERED AGENT MUST SIGN

Date 10-27-97

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)(l), 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

Date

Daytime Phone #

10-27-97 / 305-595-4620

CR2040 (8/97)