

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 OCT 23 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000098482

1. Corporation Name

N.P.A. ENTERPRISES INC  
(0007000023473)

Principal Place of Business

Mailing Address

5656 Flamingo Road  
Cooper City FL 33330

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

5. FEI Number

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
Pres	Mirta H. Rojas	5656 Flamingo Rd	Cooper City FL 33330
VP	Matilde D'Alco	5656 Flamingo Rd	Cooper City FL 33330

REINSTATEMENT 96-97

A. Alar  
10/23/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jesus M Rojas  
2020 SW 1st  
MIAMI FL 33135

Name Jesus M Rojas  
Street Address (P.O. Box Number is Not Acceptable)  
115 Woodcrest Lane  
Suite, Apt. #, Etc.  
City Key Biscayne  
State FL Zip Code 33143

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

Jesus M Rojas

REGISTERED AGENT MUST SIGN

Date 9/30/97

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 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

Date

Daytime Phone #

CR20040 (12/96)