

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
San Francisco
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR -9 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082627

1. Corporation Name
ENJESA CORP.

Principal Place of Business
15476 NW 77 CT #420
MIAMI LAKES FL 33016

Mailing Address
15476 NW 77 CT #420
MIAMI LAKES FL 33016

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0643624

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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
PD	HILL, NIRMA	15476 NW 77 CT #420	MIAMI LAKES FL 33016
VD	HILL, JESUS	15476 NW 77 CT #420	MIAMI LAKES FL 33016
TD	PINA, NIRMA	15476 NW 77 CT #420	MIAMI LAKES FL 33016
SD	PINA, ALICIO	15476 NW 77 CT #420	MIAMI LAKES FL 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINA, ALICIO
15476 NW 77 CT #420
MIAMI LAKES FL 33016

Name

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

300002451973--5

Suite, Apt. #, Etc.

-03/10/98--01036--012

City

State

Zip Code

FL

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

Date

REGISTERED AGENT MUST SIGN

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)(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:

Nirma Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)

2

January 7, 1998

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: ENJESA, CORP.

Dear Sir/Madam:

As per a conversation with your office, I am attaching this letter stating in writing that I never received an annual report for the above mentioned corporation. Please accept this report for reinstatement.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,


Nirma Hill