

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -6 AM 10:38

DOCUMENT #

1. Corporation Name

P95000082627
ENJESA CORP

700005729387--3

-06/10/02--01082--014

****900.00 ****900.00

2. Principal Office Address

7731 W. 7TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

7731 W. 7TH AVE

Suite, Apt. #, etc.

City & State

HIACLEAH

City & State

HIACLEAH

Zip

33014

Country

USA

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/95

5. FEI Number

65-0643624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALICIO PINA

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

15500 NEW BARN ROAD

Suite, Apt. #, Etc.

Suite 104

City

MIAMI LAKES, FL

State

FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

6/4/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	NIRMA HILL	7731-W: 7 TH AVE	HIACLEAH, FL 33014
V.P.	JESUS HILL	7731 W. 7 TH AVE	HIACLEAH, FL 33014
Sec	NIRMA PINA	15500 New BARN ROAD #104 M. LAKES, FL	33014

10. 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 1-9.07(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

6/3/02 (305) 823-2300

Office City Phone #