

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 SEP 20 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085152

1. Corporation Name

OCTOPUS ENTERPRISES, INC.

Principal Place of Business

4505 NW 72ND AVENUE
MIAMI FL 33166

Mailing Address

4505 NW 72ND AVENUE
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

18111 NW 68th Ave

Suite, Apt. #, etc.

I-101

City & State

Miami Lakes

Zip

33015

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1995

5. FEI Number

65-0623188

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 / Zip
D	DE BARRIOS, BERTHA	AVENIDA 4 BELLA VISTA C 67 EDIF.	MARACAIBO ZULIA VENEZUELA
D	BARRIOS, NELSON	AVENIDA 4 BELLA VISTA C 67 EDIF.	MARACAIBO ZULIA VENEZUELA
D	BARRIOS, LUIS	4505 NW 72ND AVENUE	MIAMI FL 33166

Received in time
dissolution
Bank

8. Name and Address of Current Registered Agent

BARRIOS, LUIS
4505 NW 72ND AVENUE
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

Luis Barrios

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

18111 NW 68th # I-101

Suite, Apt. #, Etc.

I-101

City

Miami Lakes

State

FL

Zip Code

33015

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

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:

Luis Barrios
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/96

Date

(305) 556 9880

Daytime Phone #