PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR -9 AM 11:29

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-04/15/99--01095--013
***1050.00 ***1050.00

DOCUMENT # P95000085152

1. Corporation Name

Octopus Enterprises, Inc.

Principal Place of Business
10752 N. Saratoga Dr.
Cooper City, FL. 33026

Mailing Address

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: 11-3-1995

5. F.E.I. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Luis Barrios	10752 N. Saratoga Dr Cooper City, FL 33026	Cooper City Florida 33026
D	Berta Barrios	Edif. Blitz Piso 1 Oficina 5	Avenida Bella Vista Maracaibo - Venezuela
D	Nelson Barrios	Edif. Blitz Piso 1 Oficina 5	Avenida Bella Vista Maracaibo - Venezuela

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8. Name and Address of Current Registered Agent

Luis Barrios
10752 N. Saratoga Dr
Cooper City, FL 33026

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. # Etc
City | State: FL | Zip Code

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: Luis (REGISTERED AGENT MUST SIGN)
Date: 3/30/1999

11. This corporation owes 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: Luis Barrios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/1999 (305)-3428041
Date Daytime Phone #

CR2E081 (12/98)