

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033864

1. Corporation Name

CORREL ENTERPRISE, INC.

2. Principal Office Address

6501 N.W. 36 Street

Suite, Apt. #, etc.

Suite 385

City & State

Miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

6501 N.W. 36 Street

Suite, Apt. #, etc.

Suite 385

City & State

Miami, Florida

Zip

33166

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/18/96

5. FEI Number

650662061

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

GLAZER & ASSOCIATES, P.A.

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

1920 E. HALLANDALE BEACH BLVD.

Suite, Apt. #, Etc.

SUITE 806

City

HALLANDALE

State

FL

Zip Code

33009

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]
REGISTERED AGENT MUST SIGN

Date

2-11-03

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
PD	RACHEL SUAREZ	6501 36 Street, Suite 385	Miami, Florida 33166
SD	RACHEL SUAREZ	6501 36 Street, Suite 385	Miami, Florida 33166
TD	RACHEL SUAREZ	6501 36 Street, Suite 385	Miami, Florida 33166

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 119.07(3)(l), 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

[Signature]

Date

2/11/03

Daytime Phone #

954-455-1666

FILED

03 FEB 18 2003

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800012696558

02/18/03--01040--003--**1650.00

REINSTATEMENT 097-03

CR2E081 (10/02)

GLAZER & ASSOCIATES, P.A.

Corporate Place
1920 East Hallandale Beach Boulevard
8th Floor
Hallandale, Florida 33009
(954) 455-1666 - FAX (954) 455-4727

Eric M. Glazer
Michael A. Rajtar
Lourdes M. Sanchez-Barcia

February 13, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Reinstatement Dept.

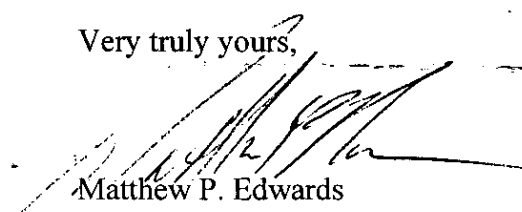
Re: Reinstatement of **CORREL ENTERPRISE, INC.**

To Whom It May Concern:

As instructed by your department, I have enclosed our Trust Account Check # 4044, in the amount of one thousand six hundred and fifty dollars (\$1,650.00) for the reinstatement of Correl Enterprise, Inc., a Florida Corporation. Please file the reinstatement as soon as possible.

Should you have any questions or concerns in this regard, please feel free to contact me at any time.

Very truly yours,



Matthew P. Edwards
PARALEGAL