PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 MAR 31 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087615

1. Corporation Name
PUFFIN ENTERPRISES INC

03-31-04 01048 003 $900.00

REINSTATEMENT 99-04

2. Principal Office Address	3. Mailing Office Address
933 MANDARIN ISLE	BOX 22727
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33315 Country: USA	Zip: 33335 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/96

5. FEI Number: 65-0702822 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ALVIN KRESSEL

Street Address (P.O. Box Number is Not Acceptable): 933 MANDARIN ISLE

Suite, Apt. #, Etc:

City: FT LAUDERDALE State: FL Zip Code: 33315

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: _____ Date: 3-29-04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
PRES	ALVIN KRESSEL	933 MANDARIN ISLE	FT LAUDERDALE FL 33315

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)(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: _____ ALVIN KRESSEL 3-29-04 (954) 522-0554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Puffin Enterprises Inc.

Box 22727
Ft Lauderdale FL 33335
Phone (54)522-0554
Fax (954)522-0553
Email : allanlk@aol.com

March 30, 2004

Dept. of State
Division of Corporations
409 East Gaines St
Tallahassee FL 32399

Ladies:

I am herewith applying for reinstatement of Puffin Enterprises Inc. As I did not receive a reinstatement letter in 1999, I am enclosing a check for $900.00 and requesting a waiver of the late charges.

Yours truly

Alvin Kressel

President