PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97-98

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

APPROVED AND FILED

98 MAR 18 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094406 (1)

1. Corporation Name

FLORI·DIA ENTERPRISES INC.

Principal Place of Business	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	3. New Mailing Office Address, If Applicable
9565 CARLYLE AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE, FL	City & State
Zip: 33154 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/96

5. FEI Number: 65-0717709 ☐ 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	CELESTE DE ARMAS	9565 CARLYLE AVE SURFSIDE, FL 33154	SURFSIDE, FL 33154

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****908.75 ****908.75

REINSTATEMENT 97-98

A. Alan
3/18/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RICE, AURTHUR H. ESQ. RICE & ROBINSON P.A. 840 BRICKELL AVE, SUITE 1100 MIAMI, FL 33131	Name: CELESTE DE ARMAS Street Address (P.O. Box Number is Not Acceptable): 9565 CARLYLE Suite, Apt. #, Etc.: City: SURFSIDE State: FL Zip Code: 33154

CR2E040 (1/98)

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: Celeste De Armas
REGISTERED AGENT MUST SIGN

Date: 3-11-98

11. This corporation owes or has paid 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: Celeste De Armas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97
Date

305 861 5504
Daytime Phone #