

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P97000018909

1. Corporation Name

Encore restoration technologies, Inc

2. Principal Office Address

1801 Coral Way

Suite, Apt. #, etc.

Suite 408 B

City & State

Miami FL

Zip

33145

Country

U.S.A

3. Mailing Office Address

1428 Brickell Ave.

Suite, Apt. #, etc.

City & State

Miami, FL 33131

Zip

33131

Country

U.S.A

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

02/28/97

5. FEI Number

65-0744799

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$8.75 Additional Fee required
for a Certificate of Status**

FILED
02 MAY 13 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700005610957--5
-05/27/02--01003--009
******750.00 ****750.00**

7. Name and Address of Current Registered Agent

Name

Abad Maylene

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

1428 Brickell Ave Suite 206

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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


REGISTERED AGENT MUST SIGN

Date


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	Rene E. Garcia	2435 NW 21 Terrace.	Miami FL 33142

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:

Rene E. Garcia



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02

Date

305-260-9935

Daytime Phone #


May 10, 2002

Miami, FL

To whom it may concern

This is to certify that we never receive the papers for the corporation Renewal, that being the reason for us to ask that the penalties be waived.

Sincerely yours

A handwritten signature in cursive script, reading "Rene E. Garcia".

Rene E. Garcia