

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024452

1. Corporation Name

ENPROTEC INTERNATIONAL, INC

Principal Place of Business

19706 BAY COVE DRIVE
BOCA RATON FL 33434

Mailing Address

19706 BAY COVE DRIVE
BOCA RATON FL 33434

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1997

5. FEI Number

65-0734474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
D	ENSIO, PETER	19706 BAY COVE DRIVE	BOCA RATON FL 33434
D/P	ROBINSON, MARITA ENSIO	19706 BAY COVE DRIVE	BOCA RATON FL 33434
D	ENSIO, MARK	19706 BAY COVE DRIVE	BOCA RATON FL 33434
D/V	RINNE, TUOMAS	19706 BAY COVE DRIVE	BOCA RATON FL 33434
S/T	SACON, MIRTHA	19706 BAY COVE DRIVE	BOCA RATON FL 33434
D/V	ROBINSON, PAUL	19706 Bay Cove Drive	Boca Raton, FL 33434

8. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
505 SOUTH FLAGLER DRIVE
SUITE 1001
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name William S. Cross
Street Address (P.O. Box Number is Not Acceptable)
1177 S.E. 3RD AVE
Suite, Apt. #, Etc.
City Ft. LAUDERDALE FL
State FL Zip Code 33316

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

William S. Cross
REGISTERED AGENT MUST SIGN

Date 4-14-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

Date of Filing

CR2040 (9/98)