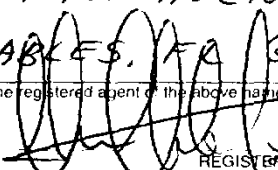
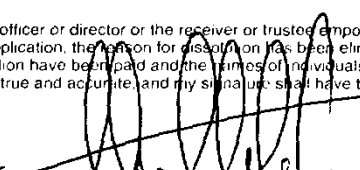


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # P97000028710		FILED 90 JUN 24 PM 1:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ENTERPRISE CAPITAL INVESTMENT CORP.			
Principal Place of Business 7300 VISTAL MAR ST. CORAL GABLES, FL 33143		Mailing Address 7300 VISTAL MAR ST. CORAL GABLES, FL 33143	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 3/31/97		5. FEI Number 65-0740861	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
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
PSD	CHRISTOPHER CHRISTOFOROU	7300 VISTAL MAR STREET	CORAL GABLES, FL 33143
UTP	DANA CHRISTOFOROU	7300 VISTAL MAR STREET	CORAL GABLES, FL 33143
300002918973--2 -06/29/99--01068--024 ****908.75 ****908.75			
8. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		9. Name and Address of New Registered Agent Name CHRISTOPHER CHRISTOFOROU Street Address (P.O. Box Number is Not Acceptable) 7300 VISTAL MAR STREET Suite, Apt. #, Etc. City CORAL GABLES State FL Zip Code 33143	
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 ☒  REGISTERED AGENT MUST SIGN Date x June 17/99			
11. This corporation owes 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 CHRISTOPHER CHRISTOFOROU		x June 17/99 x 305 6650357 Date Daytime Phone #	

CR2E081 (12/98)