PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98-99 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 24 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028710

1. Corporation Name

ENTERPRISE CAPITAL INVESTMENT CORP.

Principal Place of Business	Mailing Address
7300 VISTAL MAR ST. CORAL GABLES, FL 33143	7300 VISTAL MAR ST. CORAL GABLES, FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99 @

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 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/31/97

5. FEI Number: 65-0740861 ☐ 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
PSD	CHRISTOPHER CHRISTOFOROU	7300 VISTAL MAR STREET	CORAL GABLES, FL 33143
VTD	DANA CHRISTOFOROU	7300 VISTAL MAR STREET	CORAL GABLES, FL 33143

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****908.75 ****908.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134	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

CR2E081 (12/98)

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 x _____ 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 the enclosed 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 6/17/99

SIGNATURE: x _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER CHRISTOFOROU

x June 17/99 Date

x 3056650357 Daytime Phone #