

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059153

1. Corporation Name

Anzardo Enterprises, Inc.

2. Principal Office Address

8150 NW 90 St.,

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
05 OCT 12 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28-05

CR2E081 (8/05) 2 003

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

07/08/1997

5. FEI Number
650848803

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Filiberto Anzardo**

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

8150 NW 90 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

900060730449

10/18/05--01087--005 **900.00

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

10-11-05

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
P	Filiberto Anzardo	8150 NW 90 Street	Miami, FL 33166
VP	Susana Anzardo	8150 NW 90 Street	Miami, FL 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-11-05

Daytime Phone #