

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **98-00**
997000074059

1. Corporation Name

CONROSE ENTERPRISES CORPORATION

2. Principal Office Address

3065 Washington Street

3. Mailing Office Address

3065 Washington Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133

Country

USA

Zip

33133

Country

USA

REINSTATEMENT **98-00**

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

08/26/1997

5. FEL Number

65-0785048

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

John S. Weston

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

7250 SW 39 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

John S. Weston

REGISTERED AGENT MUST SIGN

Date

4/17/00

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.	Connie Sol	3065 Washington Street	Miami, FL 33133
V.P.	Rose Robertson	3065 Washington Street	Miami, FL 33133

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

CONNIE SOL

Date

4/17/00 305-788-0536

Daytime Phone #

ST. GEORGE & TEJERA
ATTORNEYS AT LAW
1735 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33134

TELECOPIER
(305) 441-1811
E-MAIL: dadelaw@bellsouth.net

TELEPHONE
(305) 444-9330

April 20th, 2000

Department of State Division
of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Conrose Enterprises Corporation

Dear Sir:

Enclosed please find application for Reinstatement reference the above corporation together with check in the amount of one thousand fifty and 00/100 dollars (\$1,050.00) representing reinstatement and other fees. It would be appreciated if you would confirm the reinstatement of said corporation in the enclosed self-addressed stamped envelope.

Sincerely,


M. Jeffrey St. George

MJSTG/mm