

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 AM 9:13

DOCUMENT # P97000079186

1. Corporation Name

ENZA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~14522 NW 88TH PLACE~~
~~MIAMI FL 33018~~

~~14522 NW 88TH PLACE~~
~~MIAMI FL 33018~~



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

2. New Principal Office Address, If Applicable

2451 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 5-K

City & State
MIAMI FL

Zip Country
33129 USA

3. New Mailing Office Address, If Applicable

2451 BRICKELL AVE

Suite, Apt. #, etc.
SUITE C-1

City & State
MIAMI FL

Zip Country
33129 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1997

5. FEI Number

65-0830039

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	4 City / State / Zip
P.S.D	ZAMORA, ELSA	14522 NW 88TH PL 2451 BRICKELL AVE 5K	MIAMI FL 33018 33129
P	ZAMORA, ENRIQUE JR.	14522 NW 88TH PL	MIAMI FL 33018
			700003499807--3 12/13/00 01072 010 ****750.00 ****750.00
			12/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SALGINES, GERARDO F~~
~~2827 SW 10 STREET~~
~~MIAMI FL 33145~~

Name

ELSA ZAMORA

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

2451 BRICKELL AVE

Suite, Apt. #, Etc.

SUITE 5K

City

MIAMI

State

FL

Zip Code

33129

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

10-30-00

Daytime Phone #

CR2040 (8/00)