

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000079186

1. Corporation Name

ENZA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~2451 BRICKELL AVE~~
~~SUITE 5K~~
~~MIAMI FL 33129~~

~~2451 BRICKELL AVE~~
~~SUITE 5K~~
~~MIAMI FL 33129~~

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

2. New Principal Office Address, If Applicable

2630 N.W. 119th Street

3. New Mailing Office Address, If Applicable

2630 NW 119th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33167

Country

USA

Zip

33167

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ZAMORA, ELSA	2451 BRICKELL AVE 5K	MIAMI FL 33129
PSD	ZAMORA, ENRIQUE	2630 NW 119 Street	MIAMI, FL 33167
			500004789985--6 -01/22/02--01027--007 ****900.00 ****900.00 FELS

8. Name and Address of Current Registered Agent

~~ZAMORA, ELSA~~
~~2451 BRICKELL AVE~~
~~SUITE 5K~~
~~MIAMI FL 33129~~

9. Name and Address of New Registered Agent

Name

ZAMORA, ENRIQUE

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

2630 NW 119th Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

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

REGISTERED AGENT MUST SIGN

Date

12/26/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/01 (305) 685-0111

Daytime Phone #

CR2E040 (8/01)