

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



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

**FILED**

00 FEB -3 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 970000 88501

**1. Corporation Name**

M. P. N. Enterprises Inc.

**2. Principal Office Address**

7000 N. University Drive

Suite, Apt. #, etc.

City & State

TAMARAC, FL.

Zip

33321

Country

United States

**3. Mailing Office Address**

7000 N. University Drive

Suite, Apt. #, etc.

City & State

TAMARAC, FL.

Zip

33321

Country

United States

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

10/14/97

**5. FEI Number**

65-0792031

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

HARVINDER K. CHAWLA

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

13437 N.W. 6th Drive

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33325

**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

X Harvinder K. Chawla

REGISTERED AGENT MUST SIGN

Date

2/02/00

**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
PS+D	HARVINDER K. CHAWLA	13437 N.W. 6th Drive	Plantation, FL. 33325
			4000003136474--4 -02/16/00--01003--011 ****458.75 ****158.75
			LS

**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:**

X Harvinder K. Chawla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

(954) 724-0836

Daytime Phone #

CR2E081 (9/99)