

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098446**

1. Corporation Name

ENTERPRISE AUTOMATION, INC.

Principal Place of Business

649 US HIGHWAY ONE SUITE 3
NORTH PALM BEACH FL 33408

Mailing Address

649 US HIGHWAY ONE SUITE 3
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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MAY 21 1997



REINSTATEMENT

98-99

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1997

5. FEI Number

65-0794149

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GROGAN, P. ANTONY	649 US HIGHWAY ONE SUITE 3	NORTH PALM BEACH FL 33408
D	BLUM, ARNOLD	649 US HIGHWAY ONE SUITE 3	NORTH PALM BEACH FL 33408
D	SPECK, QUINN	649 US HIGHWAY ONE SUITE 3	NORTH PALM BEACH FL 33408

100002902701--7
-06/11/99-01095-023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROGAN, P. ANTONY
649 US HIGHWAY ONE SUITE 3
NORTH PALM BEACH FL 33408

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100002902701--7
-06/11/99-01095-024
****158.75 ****158.75

FL

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

P. Antony Grogan
REGISTERED AGENT MUST SIGN

Date

4-21-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

P. Antony Grogan P. Antony Grogan President 4-21-99 561-622-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (9/96)



**ENTERPRISE
AUTOMATION, INC.SM**

Marketing, Sales & Communication Software and Consulting

5-20-98

To: Florida Department of State
From: Enterprise Automation

Dear Sir or Madam:

Per your enclosed letter, please find
Our two checks for \$750.00 and \$158.75
totalling \$908.75 which represents the
\$900.00 reinstatement amount in your letter
plus \$8.75 for a certificate of status.
Thank you for your assistance.

*Tony Jorgan
President*