PLEASE READ		RUCTIONS	BEFORE C	MPLET	ING THIS FO	RM.		
APPLICATO	FLOR	A DETARTMENT AS A Secretary of S	a sh		FILED		•	
RENSTATION OF CORPORATIONS				99 JUN 17 All 8: 43				
DOCUMENT # F / / O ·				SECRETARY OF STATE				
1. Corporation Name				TÄLLAHÄSSEE, FLORIDA				
EINRE ENTERPRISES, INC	•							
Principal Place of Business Mailing Address 1325 Bruton Boulevard				1000029151213 -06/24/9901100005 ****300.00 ****300.00				
Orlando, Florida 32805 Orange, County								
If above addresses are incorrect in any way, line through incorrect information and er 2. New Principal Office Address, If Applicable 3. New Mailing Office Address				Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt.		H, etc.		5. FEI Number Applied For			Applied For	
City & State	City & State			59-349	94165		Not Applicable	
Zip Country	Zip	Country			OF STATUS DESIRED		nal Fee required ate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Flo	· . — — — — — — — — — — — — — — — — — —	ions must list at lea					
Trtle(s) and/or Directors 2		Officer and/or Director 3 (Do NOT Use Post Office Box N			4	ty / State / Zip		
Pres Bakari F. Burns		c/o Long & Perkin			390 Nort		ave	
		<u> </u>		<u>. </u>	Orlando,		a 32801	
								
8. Name and Address of Current F	legistered Age	nt		9. Name and A	ddress of New Regist	ered Agent		
Long & Pryor, P.A. Name Long &				Perkins, P.A., Ometrias Deon Long				
Ometrias Deon Long 1221 W. Colonial Driv	Long & Perkins, P.A., Ometrias Deon Long Street Address (P.O. Box Number is Not Acceptable) 3.9.0 North Orange Avenue Suite Apt. W. Etc.							
Suite 102			Suite 2180					
Oriando, Fiorida 32004				City State Zip Code Orlando FL 32801				
10. I, being appointed the registered agent of the above	re named corpo	ration, am familiar with		oligations of Section	on 607.0505, F.S.	1 2 3200		
		ENT MUST SIGN			Date _ 0 5/	101/2	9	
11. This corporation owes or ha Intangible Personal Property			r Yes 🗖	No X		er side for inform intangible tax.)	ation A	
12. I certify that I am an officer or director or the receiv this reinstatement application, the reason for dissol owed by the corporation have been paid and the n on this application is true and accurate, and my sig	ution has been ames of individ	eliminated, the corpor, uals listed on this form	ate name satisfies t do not qualify for a	the requirements of an exemption und				
SIGNATURE: SIGNATURE AND TYPED OR PRIM	TED NAME OF S	Burn GIGNING OFFICER OR DE	RECTOR	5,	/26/99 Date	(650) 576 Daytime Phone	-4073	

LONG & PERKINS, P. A.

ATTORNEYS AT LAW

390 North Orange Avenue Suite 2180 Orlando, Florida 32801

OMETRIAS DEON LONG PAUL C. PERKINS, JR.

Telephone: (407) 426-5711 . Facsimile: (407) 426-5712

June 15, 1999

SECRETARY OF STATE DIVISION OF CORPORATIONS 409 East Gaines Street Tallahassee, FL 32301

Re: Reinstatement of Einre Enterprises, Inc. ("Einre")

Dear Sir or Madam:

Enclosed is a check in the amount of Three Hundred Dollars (\$300.00) to cover the fee for filing the 1998 annual report for Einre along with a completed Application for Reinstatement. Our office was informed by your office that the Six Hundred Dollars (\$600.00) reinstatement fee would be waived in this instance. As I stated in my conversation with your office we did not receive the annual report form or the Notice of Administrative Dissolution or Revocation for Einre. If you have any questions please do not hesitate to call.

Very Truly Yours,

Patricia E. Brown