

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 AUG 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107277

1. Corporation Name

E-NET CORPORATION

Principal Place of Business

Mailing Address

22704 S.W. 65TH AVE.
BOCA RATON FL 33428

22704 S.W. 65TH AVE.
BOCA RATON FL 33428

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

2. New Principal Office Address, If Applicable
22123 STATE RD 7

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33428 USA

REINSTATEMENT

08-99

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1997

5. FEI Number

65-0837004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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
DP	HARRISON, ROHAN H	9500 S.W. 3RD ST.	BOCA RATON FL 33428
DV	BERNARD, MARK	22704 S.W. 65TH AVE.	BOCA RATON FL 33428
DS	INGRAM, YASMIN	1225 RIVERSIDE DR., APT. 507	CORAL SPRINGS FL 33071

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILL, A. WAYNE
22783 S. STATE ROAD 7 STE. #53
BOCA RATON FL 33428

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

7/19/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)

4/10/99

Date

(561) 447 0566

Daytime Phone #