

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PG 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Santra E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 28 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000011067**

1. Corporation Name **2841 ENTERPRISE INC.**

Principal Place of Business

Mailing Address

**2031 N.E. 54TH ST.
FT. LAUDERDALE, FL 33308**

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

2. New Principal Office Address, If Applicable

1801 E. Colonial Dr

Suite, Apt. # etc

107

City & State

ORLANDO, FL.

Zip

32803

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0813937

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MARY JEAN PAVICIC	2031 NE 54 TH ST FT. LAUDERDALE, FL.	FT. LAUDERDALE FL. 33308
			200003168622--1
			03/14/00--01044--020
			****300.00 ****300.00

8. Name and Address of Current Registered Agent

**MARY JEAN PAVICIC
2031 NE 54 ST.
FT. LAUDERDALE, FL. 33308**

9. Name and Address of New Registered Agent

Name **MARY JEAN PAVICIC**
Street Address (P.O. Box Number is Not Acceptable) **1801 E. Colonial Dr.**
Suite, Apt. #, Etc. **107**
City **ORLANDO, FL** State **FL** Zip Code **32803**

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

Mary Jean Pavicic
REGISTERED AGENT MUST SIGN

Date

12/17/99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Mary Jean Pavicic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/99
Date

Daytime Phone #

KE

- Do Not Detach -

2

Robinson Accounting

12/17/99

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that "284I Enterprise Inc", has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Mr. Robinson
Robinson Accounting