

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 11 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012721

1. Corporation Name

FORTUNE GROUP ENTERPRISES, INC.

500007733385--9

-09/13/02--01044--028

***1200.00 ***1200.00

REINSTATEMENT 99-02

2. Principal Office Address

600 Northeast 36th Street

3. Mailing Office Address

600 Northeast 36th Street

Suite, Apt. #, etc.

Suite 609

Suite, Apt. #, etc.

Suite 609

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33137

Country

U.S.

Zip

33137

Country

U.S.

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

02/09/1998

5. FEI Number

65-0811821

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

Mr. Alberto Caceres

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

600 Northeast 36th Street

Suite, Apt. #, Etc.

Suite 214

City

Miami,

State
FL

Zip Code

33137

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

ALBERTO CACERES

REGISTERED AGENT MUST SIGN

Date

09/06/02

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
D	Jorge Martinez	600 Northeast 36th Street Suite 609	Miami, Florida 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-5-02

786-287-2550

Daytime Phone #

CR2E081 (9/01)

js 9/11/02