

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020620

1. Corporation Name

INTRUST ENTERPRISES, INC.

**REINSTATEMENT** 02-03

2. Principal Office Address

440 SW 8th ST.  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 452952  
Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33130

Country

91

Zip

33245

Country

91

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

ANTONIO LOPEZ

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

2205 SW 13 ST.

Suite, Apt. #, Etc.

City

MIAMI 91

State

FL

Zip Code

33145

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

Antonio Lopez  
REGISTERED AGENT MUST SIGN

Date 02/12/2003

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
P	ANTONIO LOPEZ	2205 SW 13 ST	MIAMI, 91 33145
VP	ANNA LOPEZ	2205 SW 13 ST	MIAMI, 91 33145

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: Antonio Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2003

Date

Daytime Phone #

2/3/03