

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 15 PM 2:48

DOCUMENT # P98000040447

1. Corporation Name

FLH ENTERPRISES INC.

2. Principal Office Address

915 Middle River Drive

Suite, Apt. #, etc.

Suite 506

City & State

Fort Lauderdale FL

Zip

33304

Country

Broward

3. Mailing Office Address

915 Middle River Drive

Suite, Apt. #, etc.

Suite 506

City & State

Fort Lauderdale FL

Zip

33304

Country

Broward

**REINSTATEMENT**

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5/5/1988

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

George R. Moraitis

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

915 Middle River Drive

Suite, Apt. #, Etc.

506

City

Fort Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date

11/9/05

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
PD	Jose Luis Farrah	3200 N. OCEAN BLVD. #1908	FT. LAUDERDALE, FL 33308

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

Daytime Phone #

11/9/05

11/15/05