

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL -5 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100058

1. Corporation Name

Trebol Enterprises, Inc.

2. Principal Office Address

2610 Sawgrass Mills
Cir

3. Mailing Office Address

1540 NW 128 Drive

Suite, Apt. #, etc.

Ste F8

Suite, Apt. #, etc.

Apt 207

City & State

Sunrise Fl

City & State

Sunrise Fl 33323

Zip

33323

Country

US

Zip

33323

Country

US

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

12/01/98

5. FEI Number

65-0879698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Abdelkader Nieto

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

1540 NW 128 Drive

Suite, Apt. #, Etc.

207

City

Sunrise

State
FL

Zip Code
33323

800004488658-0

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*****908.75 *****908.75

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

(Signature of Abdelkader Nieto)

Date

REGISTERED AGENT MUST SIGN

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	Abdelkader Nieto	1540 NW 128 Drive 207	Sunrise Fl 33323

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

July-02-01

Date

954-845-9206

Daytime Phone #

CR2E081 (9/00)